Epidemiologic Trends In Drug Abuse

Proceedings of the Community Epidemiology Work Group

Volume I
Highlights and Executive Summary

June 2013

NIH National Institute on Drug Abuse

NATIONAL INSTITUTE ON DRUG ABUSE

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NATIONAL INSTITUTES OF HEALTH
Division of Epidemiology, Services and Prevention Research
National Institute on Drug Abuse
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The information presented in this *Highlights and Executive Summary Report* is primarily based on CEWG area reports and meeting presentations prepared by CEWG representatives for the June 2013 CEWG meeting. Data/information from Federal sources supplemental to the meeting presentations and discussions have been included in this report to facilitate cross-area comparisons.

For more information about the Community Epidemiology Work Group and other research-based publications and information on drug abuse and addiction, visit NIDA's Web site at http://www.drugabuse.gov.

National Institute on Drug Abuse
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Foreword

This Executive Summary provides a synthesis of findings from the 74th semiannual meeting of the National Institute on Drug Abuse (NIDA) Community Epidemiology Work Group (CEWG) held in St. Louis, Missouri, on June 12–14, 2013. The CEWG is a network of researchers from sentinel sites throughout the United States. It meets semiannually to provide ongoing community-level public health surveillance of drug abuse through presentation and discussion of quantitative and qualitative data. CEWG representatives access multiple sources of existing data from their local areas to report on drug abuse patterns and consequences in their areas and to provide an alert to potentially emerging new issues. Local area data are supplemented, as possible, with data available from federally supported projects, such as the Substance Abuse and Mental Health Services Administration (SAMHSA), Drug Abuse Warning Network (DAWN); Drug Enforcement Administration (DEA), National Forensic Laboratory Information System (NFLIS); the Arrestee Drug Abuse Monitoring (ADAM) II program; the Youth Risk Behavior Survey (YRBS); and the DEA, Heroin Domestic Monitor Program (HDMP). This descriptive and analytic information is used to inform the health and scientific communities and the general public about the current nature and patterns of drug abuse, emerging trends, and consequences of drug abuse.

The CEWG convenes twice yearly, in January and June. For the June meetings, CEWG representatives prepare full reports on drug abuse patterns and trends in their areas. After the meeting, this *Highlights and Executive Summary Report* is produced, and the full CEWG area reports are included in a second volume.

The majority of the June 2013 meeting was devoted to the CEWG area reports and presentations. CEWG area representatives presented data on local drug abuse patterns and trends. Presentations on drug abuse patterns and issues were also provided by guest researchers from Canada, Iraq, Mexico, Peru, and the Inter-American Drug Abuse Control Commission, Office of American States. Other highlights of the meeting included presentations by DEA representative Wanda Iyoha, on trends in DEA trafficking reports, and an update from the Office of National Drug Control Policy on the ADAM II data system by M. Fe Caces, Ph.D. There were two presentations on adolescent drug use: “Adolescent Drug Use Across CEWG Areas: Highlights of Findings From the Youth Risk Behavior Survey,” by Moira O’Brien, M.Phil., Health Scientist Administrator with NIDA, and “Medicine or Drugs? Detroit Adolescents’ Misuse of Controlled Medications,” by Carol Boyd, Ph.D., M.S.N., Professor at the University of Michigan and a NIDA grantee. Local area perspectives on drug abuse were provided by Susan Depue, Ph.D., Research Assistant Professor with the Missouri Institute of Mental Health, who presented “Adolescent Substance Use in Missouri’s Eastern Region,” and Peggy Kinamore, Public Education Coordinator with the Missouri Poison Center, who presented, “Molly, Are These Your Bath Salts? Challenges in Monitoring New Drugs with Poison Control Center Data.”

The *Proceedings of the Community Epidemiology Work Group* for the June 2013 CEWG meeting is published in two volumes. This volume highlights findings across CEWG areas. Full local area reports and international abstracts and reports are presented in Volume II. Readers of this report are directed to Volume II for a more detailed description of data sources and presentation of data from the CEWG areas.

Moira P. O’Brien

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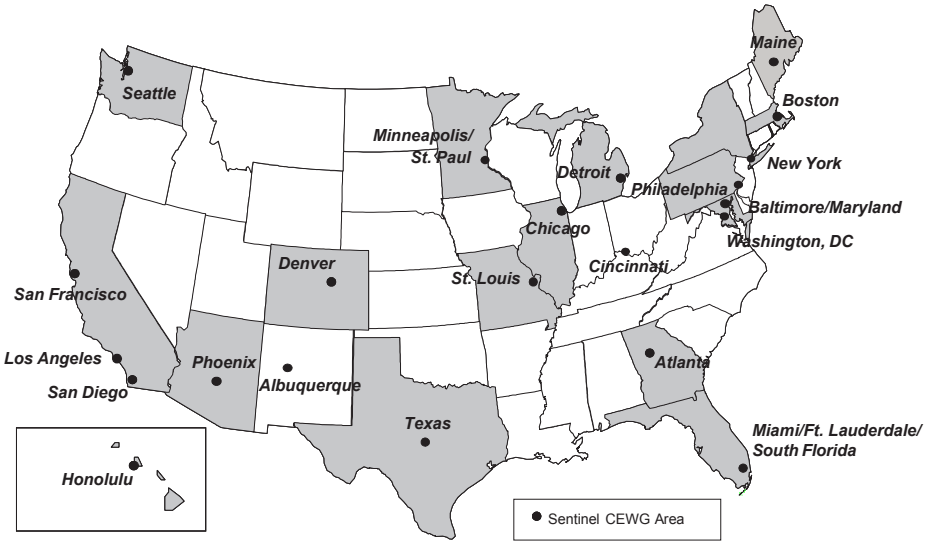
Introduction

The 74th semiannual meeting of the Community Epidemiology Work Group (CEWG) was held on June 12–14, 2013, in St. Louis, Missouri. During the meeting, researchers from 21 geographically dispersed areas in the United States reported on current trends and emerging issues in their areas. International representatives from Canada, Iraq, Mexico, Peru, and the Inter-American Drug Abuse Control Commission, Office of American States, reported on drug trends and issues in their respective countries.

The CEWG Network and Meetings: The CEWG is a unique epidemiology network that has functioned since 1976 to identify and assess current and emerging drug abuse patterns, trends, and issues, using multiple sources of information. The CEWG convenes semiannually; these meetings continue to be a major and distinguishing feature of the workgroup. CEWG representatives present information on drug abuse patterns and trends in their areas. In addition, time at each meeting is devoted to presentations by invited speakers. These sessions typically focus on presentations by researchers in the CEWG host city or with expertise on a particular topic, updates by Federal personnel on key data sets used by CEWG representatives, and drug abuse patterns and trends in other countries. The meetings provide a foundation for continuity in the monitoring and surveillance of current and emerging drug problems and related health and social consequences.

Identification of changing drug abuse patterns is part of the discussions at each CEWG meeting. Through this process, CEWG representatives can alert one another to the emergence of a potentially new drug of abuse. The CEWG is uniquely positioned to bring crucial perspectives to bear on urgent drug abuse issues in a timely fashion and to illuminate their various facets within the local context through its semiannual meetings.

The CEWG areas on which presentations were made at the June 2013 meeting are depicted in the map below, with one presentation including data on the Baltimore/Maryland/Washington, DC, area and one on Miami-Dade and Broward Counties in South Florida.



Availability of data varies by area, so reporting varies by area. Examples of types of data reviewed by CEWG representatives to derive drug indicators include **admissions to substance abuse treatment programs** by primary substance of abuse or primary reason for treatment admission reported by clients at admission; **drug-involved emergency department (ED) reports of drugs** mentioned in ED records in the Drug Abuse Warning Network (DAWN) or reports from local and State sources; **seizure, average price, average purity, and related data** obtained from the Drug Enforcement Administration (DEA) and from State and local law enforcement agencies; **drug-related deaths**[1] reported by medical examiner or local coroner offices or State public health agencies; **arrestee urinalysis results** and other toxicology data; **surveys of drug use;** and **poison control center data**[2].

Sources of data used by several or most of the CEWG area representatives and presented in this *Highlights and Executive Summary Report* and full area reports are summarized in appendix A, along with caveats related to their use and interpretation. The terminology that a particular data source uses to characterize a drug, for example, cannabis versus marijuana, is replicated in this report. Appendix table 1 shows the data indicators used in full area reports for the June 2013 CEWG meeting by area.

For the June 2013 CEWG meeting, CEWG representatives were invited to provide an update on drug abuse trends in their areas for calendar year 2012 (January–December). Key findings and issues identified at the CEWG meeting are highlighted in this Volume I report, with detail provided in the full area reports included in Volume II of this report. The full area reports document and summarize drug abuse trends in specific CEWG areas, with an emphasis on information newly available since the June 2012 and January 2013 meeting reports. The availability of data varies by area. Readers are directed to the Data Sources sections of individual full area reports and the appendix and appendix table 1 to determine which drug indicators and data sources were reviewed for particular areas.

CEWG representatives are invited to use their professional judgment and knowledge of the local context to provide an overall characterization in their full area reports of the indicators for their areas, as possible, given available data; that is, to assess whether indicators appear to be stable, increasing, decreasing, or mixed (with some indicators increasing, some decreasing, and some stable). CEWG area representatives may also provide an overall characterization of the level of the indicators as high, moderate, or low, or identify when particular drugs are considered to be the dominant drugs of abuse in their area. Some indicators are sensitive to recent changes in local policy or law enforcement focus. Therefore, representatives use their knowledge of the local context in describing and interpreting data available for their areas.

In assessing change or stability in each area's drug indicators by data source for the most recent time periods (in most cases, calendar year 2011 to 2012), decision rules are consistent for cross area data sources—treatment admissions, NFLIS drug reports, and HDMP data for heroin. In these data comparisons, percent changes of 1.0 percent of higher in 2012 values, compared with 2011 values (or another recent pair of years), signified increase or decrease, whereas change of less

[1]See the appendix for information on death data.
[2]Poison control center data are reported here as they are reported by area representatives in their full area reports and slide presentations. The terminology used by area representatives in this report does not necessarily mean that particular substances, such as cannabimimetics (also known as synthetic cannabinoids) and substituted (or synthetic) cathinones, are chemically verified.

than 1.0 percent was interpreted as stability. In local area data source indicators, such as death, poison control center, arrest, and helpline data, area representatives' decision rules for change or stability were used in documenting trends in their area reports and in associated summary text.

For this report, data available across all or many CEWG areas, including substance abuse treatment admissions data, weighted estimates of ED visits from DAWN, National Forensic Laboratory Information System (NFLIS) drug report data, and Heroin Domestic Monitor Program (HDMP) price and purity data for the most recent and past time periods are described by drug and data source in the Summary of Highlights section of this report, with accompanying illustrative charts and maps. Data tables from treatment admissions, DAWN, NFLIS, and HDMP data are presented in the body of the report and in appendix table 2 (treatment admissions) and appendix tables 3.1–3.26 and 4.1–4.3 (NFLIS drug reports). Other local area data, including death data from medical examiners' or coroners' offices, poison control center data, and student drug use data, are described in the appendix.

Treatment admissions data are obtained by CEWG area representatives for their areas from local sources or through the Treatment Episode Data Set (TEDS) to ***provide indications of the outcomes of substance abuse and their impact on the treatment system, in particular with regard to sociodemographic characteristics of clients and route of administration of substances in local areas.*** Primary admissions by drug are compiled as counts and percentages of all admissions, including primary alcohol admissions. Table 1 shows top 10 rankings of treatment admission data by drug type for CEWG reporting areas for 2012. Primary treatment admissions as a percentage of total admissions for CEWG reporting areas for 2008–2012 are shown in figures 3, 8, 13, 19, and 22 for cocaine, heroin, prescription opioids/opiates other than heroin, methamphetamine, and marijuana, respectively. Other tables presenting treatment admissions data are tables 3–6, 8–11, 15–17, 20, 23–26, 28–30; other treatment admissions figures are figures 2, 7, 12, 18, and 21. Appendix table 2 contains total treatment admissions by primary substance of abuse, including alcohol admissions, for 23 CEWG areas.

DAWN Data: ***Data on drug-involved visits from a sample of hospital EDs are weighted to provide estimates of ED visits and visit rates per 100,000 population for illicit drugs and the nonmedical use of pharmaceutical drugs. They are indicators of consequences of drug abuse.*** Tables showing weighted ED visit estimates and results of statistical tests of changes over time between 2004 and 2011 for 11 CEWG areas and the United States are included with the text in the Summary of Highlights section of this report and in tables 7, 12, 18, 21, 27, and 31. ***DAWN ED[3] weighted estimates*** for 2004 through 2011 are available at: http://www.samhsa.gov/data/dawn.aspx#DAWN%202010%20ED%20Excel%20Files%20%E2%80%93%20Metro%20Tables, maintained by the Substance Abuse and Mental Health Services Administration (SAMHSA). No metropolitan level DAWN data will be produced after data for 2011. The data represent drug reports for drug-involved visits for illicit drugs (derived from the category of "major substances of abuse,"

[3]DAWN uses a national sample of non-Federal, short-stay, general surgical, and medical hospitals in the United States that operate 24-hour EDs. The American Hospital Association (AHA) 2001 Annual Survey is the source of the sample. ED medical records are reviewed retrospectively for recent drug use. Visits related to most types of drug use or abuse cases are identified and documented. Drug cases encompass three visit categories: those related to illegal or illicit drugs; nonmedical use of prescription, over-the-counter, or other pharmaceutical drugs; and alcohol among patients under the legal drinking age of 21 and patients of all ages when used in combination with other drugs.

excluding alcohol) and the nonmedical use of selected pharmaceutical drugs. Nonmedical use of pharmaceuticals is use that involves taking a prescription or over-the-counter (OTC) pharmaceutical differently than prescribed or recommended, especially taking more than prescribed or recommended; taking a pharmaceutical prescribed for another individual; deliberate poisoning with a pharmaceutical agent by another person; and documented misuse of a prescription or OTC pharmaceutical or dietary supplement. Nonmedical use may involve pharmaceuticals alone or in combination with other drugs, especially illegal drugs or alcohol. Since drug reports exceed the number of ED visits because a patient may report use of multiple drugs (up to six drugs plus alcohol), summing of drugs across categories is not recommended. CEWG areas that include DAWN data in their reporting for this meeting are Boston, Chicago, Detroit, South Florida/Miami-Dade and Broward Counties, Minneapolis/St. Paul, New York City, and San Francisco.

The DEA **NFLIS** provides information on substances identified in items seized by law enforcement and analyzed by participating forensic (crime) laboratories. ***NFLIS data provide indications of availability of substances in the illicit market and law enforcement engagement, and they are particularly important for monitoring the emergence of new substances in local areas.*** Table 2 shows top 10 rankings of NFLIS seizure data by drug for CEWG areas and for the United States for 2012, while the figure 1 map displays 2011 and 2012 NFLIS data for four major illicit drugs—cocaine, heroin, methamphetamine, and marijuana. Other NFLIS tables include tables 19, 22, 23, 32, and appendix tables 3 and 4; additional figures displaying NFLIS data, besides figure 1, are figures 4, 9, 14–16, 20, and 23.

DEA **HDMP price and purity data** are from a database of drug exhibits from undercover heroin purchases made by the DEA and its law enforcement partners on the streets. HDMP data do not show a representative sample of drugs available in the United States, but they reflect heroin sold at the retail level in 27 U.S. cities. ***HDMP data describe important drug market factors, along with drug price, purity, and the geographic source of the heroin.*** Tables 13 and 14 and figures 10 and 11 display average price and purity data from DEA HDMP for 2007–2011 for CEWG reporting areas sampled.

Findings in this report are presented by type of substance, but it is important to note that polysubstance abuse continues to be a pervasive pattern across CEWG areas.

Report Organization: Key findings of the meeting are 1) summarized from CEWG representatives' identification in their slide presentations, abstracts, and full area reports of the most important one or two drug findings or issues for their areas for the reporting period, based on their review of the most recent drug abuse data available and 2) summarized by drug and data source across CEWG areas from cross-area data sources, including treatment admissions, DAWN ED data, NFLIS drug reports, and HDMP data. Details on reported key findings or drug trends (e.g., increasing, decreasing, or stable indicators by drug) can be found in the individual full area reports contained in Volume II of the June 2013 meeting report. The **Summary of Highlights** of the meeting includes, for each drug or drug type, not only summaries from representatives' perspectives based on their assessments of local area indicators by drug, but also cross-area comparisons of data sources for which most or all areas were included. The cross-area data are compiled from CEWG area treatment admissions, DAWN ED visits and visit rates, NFLIS drug reports from drug item seizures analyzed in forensic laboratories, and HDMP data on heroin price and purity. Charts, maps, and tables for these data sources are included in the report body, while additional data tables are provided as appendix tables.

Summary of Key Findings and Highlights

KEY FINDINGS: JUNE 2013 CEWG MEETING

Key findings reported by the CEWG representatives for the 2011–2012 reporting period (calendar year [CY] in most cases) are as follows:

- ***Heroin:*** *The most frequently cited key finding, reported by nine CEWG area representatives (Boston; Baltimore/Maryland/Washington, DC; Chicago; Cincinnati; Minneapolis/St. Paul; Philadelphia; St. Louis; San Diego; and Seattle) at the June 2013 meeting, based on impact, was an* ***increase in heroin*** *indicators, including increases in mortality, seizure, arrestee urinalysis-positive, and treatment admissions data in 2012 compared with 2011 and increases in ED visit data indicators for 2011 compared with 2004, 2009, and 2010. The New York City representative also reported the continuing* ***predominance of indicators and serious consequences of heroin,*** *as well as those for cocaine and marijuana, as a key finding in that area. In San Francisco, an earlier and continuing decline in heroin consequence indicators (heroin-involved ED reports and heroin purity levels, which declined from 5.7 percent in 2010 to 3.9 percent in 2012) was reported as a key finding for the area by the CEWG representative. However, the proportion of primary heroin treatment admissions was stable from 2011 to 2012, and a sharp increase in nonfatal overdose episodes in spring 2012 suggested a possible trend change.*

- ***Methamphetamine*** *indicators, which have been high relative to other drugs west of the Mississippi and low east of the Mississippi, and which had been reported as trending downward in recent years (possibly related to limitations on the precursor, pseudoephedrine), appeared to be increasing or in transition in several CEWG areas. Five CEWG area representatives (Atlanta, Los Angeles, Minneapolis/St. Paul, Phoenix, and St. Louis) noted* ***high and stable indicators or upward trending indicators for methamphetamine*** *as a key finding, based on primary treatment admissions, methamphetamine-related deaths, poison control center calls, reports from seized and analyzed drug items, and methamphetamine-involved hospital ED visits.*

- *While* ***cocaine*** *continued to be the predominant illicit drug based on treatment and seizure data in most CEWG areas, five area representatives (Atlanta, Boston, Cincinnati, Phoenix, and St. Louis) reported a* ***continuing decline in cocaine*** *indicators (including treatment admissions, drug seizures, arrests, deaths, poison control center calls, and hospital admissions in 2012 compared with 2011) as a key finding in their areas.*

- *Mixed results (some increases, some decreases, and some stability) were noted for* ***prescription opioids/opiates other than heroin. Increases in indicators for prescription opioids*** *were reported as a key finding by representatives in two areas—New York City and San Francisco—based on treatment admissions data, numbers of prescriptions, and ED visit data.* ***A decline in prescription opioid misuse,*** *based on mortality data, prescription numbers, and past-month student use data in 2012, compared with 2011, was a key finding in three other CEWG areas (Maine, Seattle, and South Florida/Miami-Dade and Broward Counties).*

- ***One area representative, from New York City, reported the continuing predominance in indicators and serious consequences of marijuana*** *as a key finding in that area for this reporting period, based on high levels for all indicators and increases in drug reports among seized and analyzed drug items from 2011 to 2012 and marijuana-involved ED visits from 2010 to 2011.*

- *Two area representatives (from the Albuquerque/New Mexico and Baltimore/Maryland/Washington, DC, areas) reported* ***increases for cannabimimetics and substituted cathinones*** *in drug seizure indicator data as a key finding, while the representative from Maine reported a very recent* ***decline in substituted cathinones*** *in law enforcement seizure data as a key finding for that State.*

- *Other key findings identified by area representatives involved other* ***amphetamine-type drugs, injection drug use, and polysubstance abuse****.*

    - *The key finding in Texas was an increasing use of* ***amphetamine-type substances,*** *based on numbers of calls to poison control centers and forensic laboratory report data, and the continuing search by users for "better" effects.* (This group of substances includes MDMA (3,4-methylenedioxymethamphetamine), methamphetamine, "Mollys," BZP (1-benzylpiperazine), TFMPP (1-[3-trifluoromethylphenyl]piperazine), and 2C phenethylamines.)

    - *An increase in* ***injection drug use*** *identified among a new, young adult cohort of prescription opioid injectors, heroin initiates, and methamphetamine users was a key finding for South Florida/Miami-Dade and Broward Counties.*

    - *Evidence of* ***polysubstance abuse,*** *particularly among mortality cases, was identified as a key finding in Philadelphia.*

- *Other key findings include those for the Albuquerque area for the 2011–2012 reporting period that* ***drug overdose deaths rates*** *for Bernalillo County (Albuquerque) and New Mexico were very high and increased in 2011; there was a substantial* ***increase in methocarbamol poison control center cases*** *in fiscal year 2011–2012 from the previous year; and a large* ***increase occurred in reported naloxone overdose reversals*** *in Bernalillo County in 2011.*

Key findings across CEWG areas from cross-area data were reported by drug and data source for all CEWG areas; cross-area data were those available on treatment admissions, DAWN ED visits and visit rates, NFLIS drug reports from drug item seizures analyzed in forensic laboratories, and HDMP data on heroin price and purity. These are summarized below, in order of their emphasis in representatives' key findings, for heroin, methamphetamine, cocaine, and prescription opioids/opiates other than heroin.

Heroin

- **Treatment Admissions:** Primary **heroin treatment admissions** ranked first in proportions of total treatment admissions in **2012** in 4 of 23 CEWG reporting areas—Baltimore City, Boston, Detroit, and St. Louis—and they ranked second in 5 areas—Maryland, New York City, Philadelphia, San Diego, and Seattle (table 1). Injection was the most frequently reported **mode of heroin administration** in 17 of 21 reporting CEWG areas in 2012 (table 9). From **2011 to 2012,** proportions

of primary heroin treatment admissions rose in 17 of 21 CEWG reporting areas and fell (by less than 1.0 percentage point) in 3 areas (Los Angeles, South Florida/Miami-Dade County, and Texas) (table 11; figure 7).

- **DAWN ED Visits:** Four of 11 CEWG reporting areas—Boston, Denver, Minneapolis/St. Paul, and Seattle—experienced increases in estimated ED visits involving heroin from **2010 to 2011**; ED visits declined in 1 area—San Francisco—from 2010 to 2011; and stability was noted between the 2 years for Broward County (Miami-Ft. Lauderdale), Chicago, Detroit, New York City, and Phoenix (table 12). **From 2009–2011,** ED visits involving heroin showed increases for Boston, Denver, Minneapolis/St. Paul, Phoenix, and Seattle. A decline in such visits was observed for San Francisco in 2009–2010, and stability was noted for Broward (Miami-Ft. Lauderdale), Chicago, Detroit, and New York City (table 12).

- **NFLIS Drug Reports: Heroin ranked** as the most frequently identified drug reported among drug items seized and analyzed in NFLIS forensic laboratories in **2012** in 2 of 25 CEWG areas (Albuquerque and Seattle), and it ranked second among NFLIS drug reports in 3 areas (Chicago, Cincinnati, and St. Louis) (table 2). Among the areas shown in figure 1, all but 6 of 25 CEWG reporting areas and the United States showed increases in heroin drug reports between **2011 and 2012,** with Cincinnati showing the largest increase (11.0 percentage points). Three areas (Albuquerque, Honolulu, and St. Louis) showed slight declines, and in three areas (Atlanta, Baltimore City, and New York City), proportions of heroin drug reports were approximately the same in both years.

- **HDMP Price and Purity Data.** HDMP data confirmed that South American heroin continued to be the primary source of heroin found east of the Mississippi, while Mexican black tar and brown powder heroin dominated the heroin drug market west of the Mississippi. In 2011, Southwest Asian heroin continued to account for only a small number of HDMP exhibits; its presence in CEWG area samples was limited to Baltimore, New York City, and Washington, DC. No Southeast Asia heroin was purchased in 2011 through the HDMP.

    - In the more recent period from **2010 to 2011,** for **South American heroin purity,** five reporting areas showed increases in **purity,** including Baltimore, Boston, Miami, New York City, and Philadelphia. Four areas showed decreases in purity—Atlanta, Chicago, St. Louis, and Washington, DC.—while in one area, Detroit, purity values were stable over the 2-year period. **South American heroin prices** per milligram pure declined in six areas (Baltimore, Boston, Chicago, Detroit, Miami, and Philadelphia) and rose in four reporting areas (Atlanta, New York City, St. Louis, and Washington, DC) in the 2-year period from 2010 to 2011 (table 13, figure 10). From **2010 to 2011, Mexican heroin prices** per milligram pure fell in nine reporting areas and rose slightly in one area, Los Angeles. In that period, percent **purity** of Mexican heroin rose in five reporting areas (Denver, Houston, San Antonio, San Diego, and Seattle), and fell in five (Albuquerque, Dallas, Los Angeles, Phoenix, and San Francisco) (table 14; figure 11).

Methamphetamine

- **Treatment Admissions:** Five areas, all in the West, ranked **methamphetamine** as the first or second most frequently reported major problem substance in treatment admissions data for 2012. In 2 of 22 CEWG areas reporting any methamphetamine treatment admissions for 2012, these

admissions ranked first in Hawaii and San Diego. Three additional areas reported methamphetamine admissions as ranking second. These areas are Albuquerque/New Mexico, Phoenix, and San Francisco (table 1). In only 12 of these 22 CEWG areas, methamphetamine admissions represented 1.0 percent or more of total treatment admissions in 2012. In 11 of those 12 CEWG areas where route of substance administration for methamphetamine was reported, smoking was the most common **mode of administering** methamphetamine among primary methamphetamine admissions in all of those reporting areas in 2012 except St. Louis (table 24). Among the 12 CEWG areas with data on methamphetamine treatment admissions at more than 1.0 percent of total admissions for **2011 and 2012,** all but 1 area (San Diego) showed increases in methamphetamine treatment admissions in the 2-year period (table 26; figure 19).

- **DAWN ED Visits:** In the 2-year period from **2010 to 2011,** 2 of 11 reporting areas showed increases in estimated ED visits involving methamphetamine—Phoenix and Seattle. Two areas showed declines; these were Boston and San Francisco. Six areas (Chicago, Denver, Detroit, Miami-Dade, Minneapolis/St. Paul, and New York City) showed stability. In the 3-year period from **2009–2011,** 6 of 11 areas exhibited increases in ED visits involving methamphetamine, including Denver, Detroit, Minneapolis/St. Paul, New York City, Phoenix, and Seattle. None of the areas showed declines, and four areas (Boston, Chicago, Miami-Dade County, and San Francisco) showed stability (table 27).

- **NFLIS Drug Reports: Methamphetamine** drug reports **ranked** first in proportions of total drug reports in drug items seized and analyzed in NFLIS forensic laboratories in 3 CEWG areas (Minneapolis/St. Paul, San Diego, and San Francisco) among the 17 CEWG areas where methamphetamine ranked among the top 10 drugs in **2012**. In another six areas, methamphetamine ranked second among drug reports; five of these areas were in the western region of the United States (Albuquerque, Honolulu, Los Angeles, Phoenix, and Seattle), and one was in the southern region (Atlanta) (table 2; appendix table 3). The proportion of methamphetamine drug reports increased from **2011 to 2012** in 16 CEWG areas and in the United States, decreased in 4 areas, and remained stable in 5 areas. Areas with declining percentages of methamphetamine drug reports were Atlanta, Chicago, Honolulu, and San Francisco. The same proportions of methamphetamine drug reports were found in 2011 and 2012 for Baltimore City, Boston, Detroit, Maine, and Maryland (figure 1).

Cocaine

- **Treatment Admissions:** Proportions of **primary cocaine/crack treatment admissions** did not **rank** first or second among total admissions in any of the 23 CEWG reporting areas in **2012** (table 1). Smoking was the most common mode of cocaine administration among primary cocaine treatment admissions in 2012 in 22 CEWG areas reporting route of administration (table 4). In 22 CEWG areas with data available on cocaine treatment admissions for both **2011 and 2012,** 17 areas showed declines in percentages of primary cocaine treatment admissions over the period. Cocaine admissions increased in three areas (Philadelphia and South Florida/Broward and Miami-Dade Counties), and they remained the same in two areas (Hawaii and Minneapolis/St. Paul) over the 2-year period (table 6, figure 3).

- **DAWN ED visits:** In the most recent period from **2010 to 2011,** eight CEWG areas showed stability in estimated cocaine-involved ED visits and visit rates, including Boston, Chicago, Detroit, Miami-Dade County, Minneapolis/St. Paul, New York City, Phoenix, and Seattle. In two areas—Broward County (Miami-Ft. Lauderdale) and Denver, ED visits increased, while in one area, San Francisco, cocaine-involved ED visits fell in 2010–2011. From **2009–2011,** Broward County (Miami-Ft. Lauderdale), Phoenix, and Boston showed increased ED visits involving cocaine, while both Chicago and San Francisco had decreased ED visits. Six areas—Detroit, Miami-Dade County, Minneapolis/St. Paul, New York City, Phoenix, and Seattle—showed stable proportions (table 7).

- **NFLIS Drug Reports:** Of 25 CEWG reporting areas, **cocaine/crack ranked** first in percentage of total drug reports in 4 areas (Atlanta, Denver, Maine, and Miami) and second in 11 areas and in the United States in **2012**. Areas in which cocaine ranked second in NFLIS drug reports were Colorado and Texas in the West; Detroit, Michigan, and Minneapolis/St. Paul in the Midwest; Boston, New York City, and Philadelphia in the Northeast; and Baltimore City, Maryland, and Washington, DC, in the South (table 2). Between **2011 and 2012,** cocaine drug report proportions fell in 22 of 25 areas, rose slightly in 1 area (San Francisco), and were stable in 2 areas (San Diego and Seattle) (figure 1).

Prescription Opioids/Opiates Other Than Heroin

- **Treatment Admissions:** Primary **prescription opioids/opiates other than heroin ranked** first in proportions of total substance abuse treatment admissions in 1 of the 22 CEWG areas with data for **2012**; that area was Maine (table 1). In the 20 CEWG reporting areas with data for **2011 and 2012** on prescription opioid/opiate treatment admissions, increases in proportions of these admissions were noted for 12 areas, the majority of which showed increases of less than 1.0 percentage point. In Boston, Minneapolis/St. Paul, Philadelphia, and the South Florida Counties of Broward and Miami-Dade, proportions of primary treatment admissions for prescription opioids/opiates other than heroin declined in the 2 years. Stability in admission percentages was observed for Atlanta, Detroit, and Maryland in the period (table 17; figure 13).

- **DAWN ED Visits:** Increases in estimated ED visits for nonmedical use of pharmaceuticals involving opiates/opioids were noted in two areas in the 2-year period from **2010 to 2011**—Detroit and New York City—and in 8 areas from **2009–2011**. These areas included Boston, Chicago, Denver, Detroit, Minneapolis/St. Paul, New York City, Phoenix, and Seattle. None of the 11 areas showed declines in these two time periods (table 18).

- **NFLIS Drug Reports:** Of the **prescription opioid drug reports** among drug items seized and analyzed by forensic laboratories across CEWG areas in **2012,** oxycodone and hydrocodone were the two most frequently reported in most areas. **Oxycodone** was the second most frequently identified drug among total drug reports in 2012 in NFLIS forensic laboratory data in one CEWG area, Maine (table 2; table 19; figure 14). **Hydrocodone** did not **rank** among the top 2 drug reports in any of the 25 CEWG areas in 2012 (table 2; appendix table 3).

Table 1. Top-Ranked Primary Drugs as a Percentage of Total Treatment Admissions, Including Primary Alcohol Admissions, in 23 CEWG Areas[1], by Region and Ranking: 2012[2]

CEWG Areas	Alcohol	Cocaine/ Crack	Heroin	Prescription Opioids/ Opiates Other Than Heroin	Metham-phetamine	Marijuana	Benzodiaz-epines	Other Drugs
SOUTHERN REGION								
Atlanta	1	3	6	4	5	2	8	7
Baltimore City	2	4	1	5	8	3	6	7
Maryland	1	5	2	4	8	3	7	6
South Florida/Broward County	2	4	6	3	8	1	7	5
South Florida/ Miami-Dade County	2	3	4	5	8	1	7	6
NORTHEASTERN REGION								
Boston[3]	2	3	1	5	7	4	6	8
Maine	2	6	3	1	8	4	7	5
New York City	1	4	2	5	8	3	7	6
Philadelphia	1	4	2	6	8	3	7	5
MIDWESTERN REGION								
Cincinnati	1	4	3	5	NR[4]	2	NR[4]	6
Detroit	2	3	1	5	8	4	6	7
Minneapolis/St. Paul	1	6	3	4	5	2	8	7
St. Louis	2	4	1	5	6	3	8	7
WESTERN REGION								
Albuquerque/ New Mexico	1	6	4	5	2[5]	3	8	7
Colorado	1	6	4	5	3	2	8	7
Denver	1	5	4	6	3	2	8	7
Hawaii	3	5	6	NR[4]	1[5]	2	NR[4]	4
Los Angeles	2	5	3	6	4	1	8	7
Phoenix[3]	1	6	4[6]	5	2	3	NR[4]	7
San Diego	3	6	2	5	1	4	NR[4]	7
San Francisco[7]	1	4	3	6	2	5	NR[4]	7
Seattle	1	5	2	6	4	3	8	7
Texas	1	3	4	6	5	2	7	8

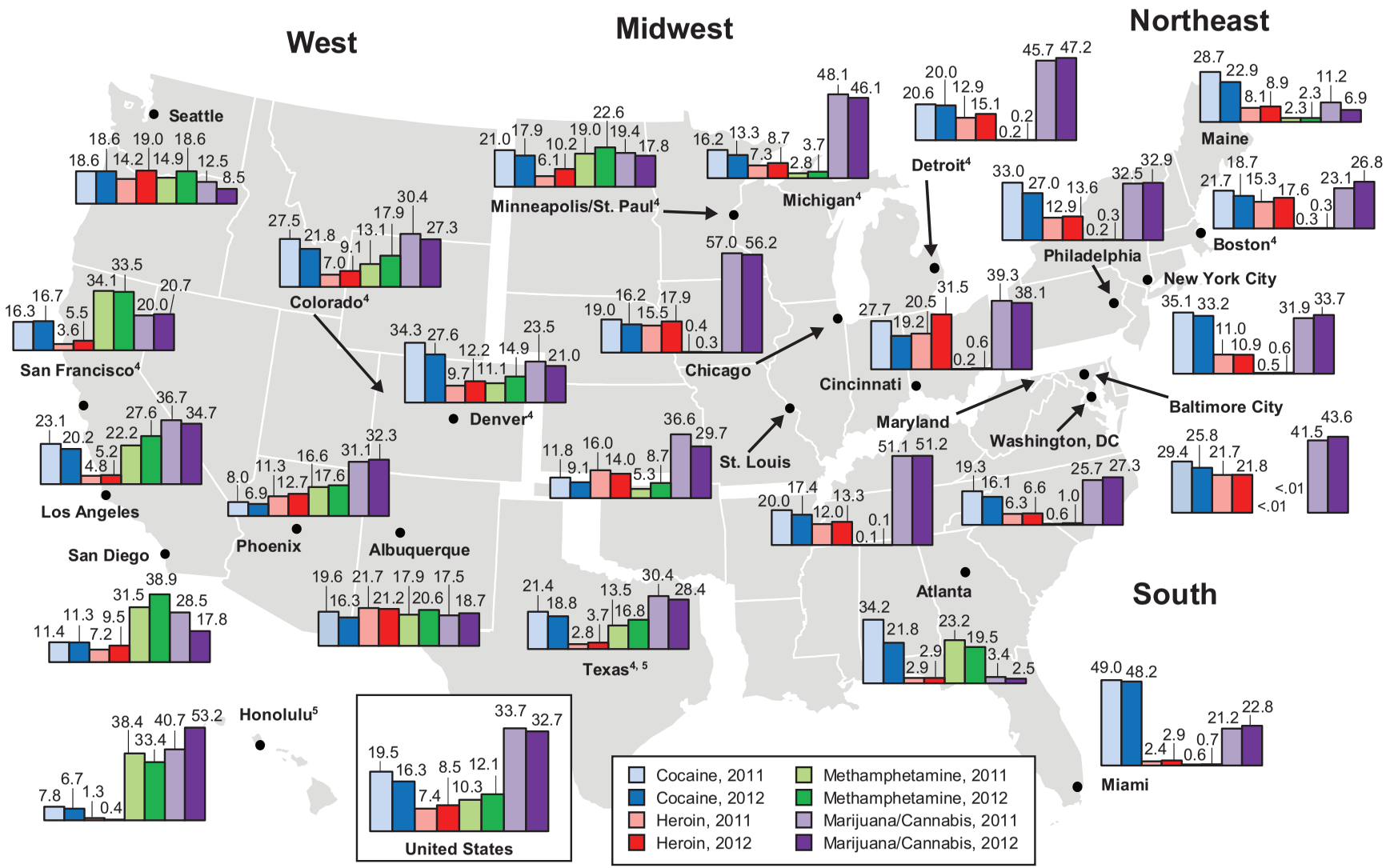
[1]CEWG areas not included in the table due to lack of availability of treatment admissions data for the reporting period are Chicago and Washington, DC.
[2]Data are for calendar year 2012 (January–December 2012) for all areas, except Detroit, where data are for fiscal year 2012 (October 2011–September 2012). Admissions for which there was no primary drug of abuse are excluded from totals. Other Drugs category includes cases for which the primary drug of abuse was unknown.
[3]Treatment data for Boston do not include admissions younger than 14. Treatment data for Phoenix do not include admissions younger than 18.
[4]NR=Not reported by the CEWG area representative.
[5]Albuquerque/New Mexico reported combined amphetamine and methamphetamine admissions; Hawaii reported combined methamphetamine and stimulants admissions.
[6]Heroin and morphine are grouped together in Phoenix data.
[7]Due to the implementation of a new Electronic Health Record and billing system in San Francisco in July 2010, treatment admissions data prior to that date may not be comparable to data submitted after the new system implementation.
SOURCE: June 2013 State and local CEWG reports; see appendix table 2 for information on geographic coverage and completeness of these data by area

Table 2. NFLIS Top 10 Identified Drug Reports in Drug Items Seized and Analyzed by CEWG Area and the United States and Rank (Based on Frequency): January–December 2012

CEWG Areas	Cocaine/ Crack	Heroin	Oxy-codone	Hydro-codone	Alpraz-olam	Clonaz-epam	Metham-phetamine	Marijuana/ Cannabis	MDMA	PCP	Other Drugs
WESTERN REGION											
Albuquerque	4	1	6	—	—	—	2	3	—	—	AM-2201=5; Dimethyl Sulfone=7; Phenylimidothiazole Isomer Undetermined=8; Buprenorphine=9; Lidocaine=10
Colorado	2	4	5	6	10	—	3	1	—	—	Psilocin/Psilocybin/Psilocyn/Psilocybine=7; AM-2201=8; Acetaminophen=9
Denver	1	4	5	8	10	—	3	2	—	—	AM-2201=6; Psilocin/Psilocybin/Psilocyn/Psilocybine=7; Acetaminophen=9
Honolulu	3	8	—	10	—	—	2	1	5	—	Dimethyl Sulfone=4; Phenylimidothiazole Isomer Undetermined=6; MDPV=7; Acetaminophen=8 (tied with Heroin)
Los Angeles	3	4	9	5	7	—	2	1	8	6	Codeine=10
Phoenix	4	3	5	7	6	9	2	1	—	—	Buprenorphine=8; Carisoprodol=10
San Diego	3	4	6	5	7	—	1	2	10	—	Dimethyl Sulfone=8; Phenylimidothiazole Isomer Undetermined=9
San Francisco	3	4	5	6	10	—	1	2	9	—	Methadone=7; Morphine=8
Seattle	3	1	5	—	—	—	2	4	—	10	Fentanyl=6; Phenylimidothiazole Isomer Undetermined=7; Dimethyl Sulfone=8; BZP=9
Texas	2	6	—	4	5	—	3	1	—	—	AM-2201=7; Carisoprodol=8; Phenylimidothiazole Isomer Undetermined=9; Acetaminophen=10
MIDWESTERN REGION											
Chicago	3	2	—	4	6	—	—	1	7	7	BZP=5; MDPV=9; Phenylimidothiazole Isomer Undetermined=10; Note: MDMA and PCP are tied for 7
Cincinnati	3	2	4	5	6	8	7	1	—	—	Diazepam=9; BZP=10
Detroit	2	3	6	4	5	—	—	1	—	—	TFMPP=7; Amphetamine and Phenylimidothiazole Isomer Undetermined=tied for 8; BZP=10
Michigan	2	3	7	4	6	—	5	1	—	—	Morphine=7 (tied with Oxycodone); Amphetamine=9; Methadone=10
Minneapolis/ St. Paul	2	4	6	—	10	—	1	3	—	—	Acetaminophen=5; BZP=7; Caffeine=8; Amphetamine=9
St. Louis	3	2	7	6	5	—	4	1	—	—	Acetaminophen=8; Pseudoephedrine=9; AM-2201=10
NORTHEASTERN REGION											
Boston	2	3	4	—	9	7	—	1	—	—	Buprenorphine=5; Naloxone=6; Acetaminophen=8; Amphetamine=10
Maine	1	3	2	8	—	—	8	4	—	—	Buprenorphine=5; Caffeine=6; Phenylimidothiazole Isomer Undetermined=7; MDPV=10; Note: Hydrocodone and Methamphetamine are tied for 8
New York City	2	3	4	10	5	9	—	1	—	6	Buprenorphine=7; Methadone=8
Philadelphia	2	3	4	—	5	8	—	1	—	7	Acetaminophen=6; Codeine=9; Buprenorphine=10
SOUTHERN REGION											
Atlanta	1	6	3	5	4	—	2	7	—	—	AM-2201=8; Methylone=9; UR-144=10
Baltimore City	2	3	4	—	6	7	—	1	—	—	Buprenorphine=5; Caffeine=8; Methadone=9; Mannitol=10
Maryland	2	3	4	9	5	7	—	1	—	10	Buprenorphine=6; AM-2201=8
Miami	1	4	5	—	3	—	10	2	—	—	Hallucinogen=6; Methylone=7; Phenylimidothiazole Isomer Undetermined=8; Caffeine=8;
Washington, DC	2	5	—	—	—	—	—	1	—	6	Phenylimidothiazole Isomer Undetermined=3; Caffeine=4; 1-Piperidinocyclohexanercarbonitrile=7; Benzocaine=8; MDPV=9; BZP=10
UNITED STATES											
United States	2	4	5	6	7	—	3	1	—	—	Acetaminophen=8; AM-2201=9; Buprenorphine=10

SOURCE: NFLIS, DEA, data for all areas were retrieved May 7–9, 2013; see appendix tables 3.1–3.26 for information on geographic coverage and completeness of these data by area; data are subject to change and may differ according to the date on which they were queried, and drug reports include up to three drugs identified per drug item analyzed

Figure 1. Percentages of Cocaine, Heroin, Methamphetamine, and Marijuana/Cannabis Drug Reports Identified Among Drug Items Seized and Analyzed by Forensic Laboratories in 25 CEWG Areas[1] and the United States, Each as a Percentage of Total Drug Reports[2]: 2011 and 2012[3]



[1]Geographic coverage of NFLIS drug report data for CEWG areas is described in appendix tables 3.1–3.26.
[2]NFLIS methodology allows for the accounting of up to three drug reports per item submitted for analysis. The data presented are a combined count including primary, secondary, and tertiary reports for each selected drug item seized and analyzed.
[3]Data are for calendar years 2011 and 2012 (January–December of each year). Data are subject to change. Data queried on different dates may reflect differences in the timing of data analysis and reporting.
[4]Completeness of NFLIS reporting varies between 2011 and 2012 in some CEWG areas (see appendix tables 3.1–3.26).
[5]In 2012, changes in NFLIS methods of processing and counting reports in Honolulu and a new laboratory information management system in Texas may have affected the NFLIS data compared with previous years.
SOURCE: NFLIS, DEA, data for all areas were retrieved on May 7–8, 2012, and May 7–9, 2013

SUMMARY OF HIGHLIGHTS FROM THE JUNE 2013 CEWG MEETING

The following represents a summary of the highlights from the CEWG meeting. Meeting highlights are summarized from meeting materials, including full area reports that compose Volume II of the meeting report.

Cocaine/Crack

While cocaine continued to be reported as a drug of concern in CEWG areas in all four regions of the United States, the decline in cocaine indicators reported at recent CEWG meetings continued in many areas. Sixteen of 21 CEWG area representatives reported decreasing indicators for cocaine (Albuquerque/New Mexico; Atlanta; Baltimore/Maryland/Washington, DC; Boston; Chicago; Cincinnati; Denver/Colorado; Detroit; Honolulu/Hawaii; Los Angeles; Maine; Minneapolis/St. Paul; Phoenix; St. Louis; Seattle; and Texas). The impact of cocaine abuse continued to be reported as high, however, in Boston, New York City, Philadelphia, and the South Florida/Miami-Dade and Broward Counties area. The Philadelphia area representative reported continuing high levels relative to other drugs and mixed but mostly increasing indicators (cocaine primary treatment admissions and deaths with a presence of cocaine) in 2012, while the representatives from New York City, San Francisco, and South Florida/Miami-Dade and Broward Counties reported high and mixed but mostly stable indicators in this reporting period. In San Diego, cocaine indicators remained low relative to other drugs and stable.

- **Western CEWG Region:** Declining cocaine indicators continued to be reported in seven of the nine western CEWG areas: **Albuquerque/New Mexico, Denver/Colorado, Honolulu/Hawaii, Los Angeles, Phoenix, Seattle,** and **Texas**. The **San Francisco** representative reported mixed indicators for cocaine in 2012, with most indicators declining from 2011. Despite the mostly declining indicators, cocaine continued to be elevated in the western CEWG region, compared with other major drugs of abuse. However, in **San Diego,** cocaine indicators remained stable and low relative to other drugs.

- **Midwestern CEWG Region:** All five CEWG representatives from the midwestern area—**Chicago, Cincinnati, Detroit, Minneapolis/St. Paul,** and **St. Louis**—reported decreasing cocaine indicators for the 2012 reporting period.

- **Northeastern CEWG Region:** Area representatives from **Boston, New York City,** and **Philadelphia** reported continuing high levels for cocaine when compared with other major drugs; indicators continued to be mixed in New York City and Philadelphia, while they declined in 2012 in Boston compared with 2010 and 2011. In **Maine,** cocaine indicators were reported as low relative to other drugs and also mostly decreasing.

- **Southern CEWG Region:** Two area representatives from the South (**Atlanta** and the **Baltimore/Maryland/Washington, DC,** area) reported continuing declines in cocaine indicators. Indicators were mixed but mostly stable in the **South Florida/Miami-Dade and Broward Counties** area. Cocaine remained a serious drug of abuse, however, in **Baltimore/Maryland/Washington, DC,** and **South Florida/Miami-Dade and Broward Counties,** according to the area representatives.

Other Highlights – Cross-Area Data Sources

Treatment Admissions:

- Proportions of **primary cocaine/crack treatment admissions** did not **rank** first or second among total admissions in any of the 23 CEWG reporting areas in **2012** (table 1). The range in primary cocaine treatment admissions in 2012 was from 2.9 percent in Hawaii to 23.1 percent in South Florida/Miami-Dade County (table 3; figure 2).

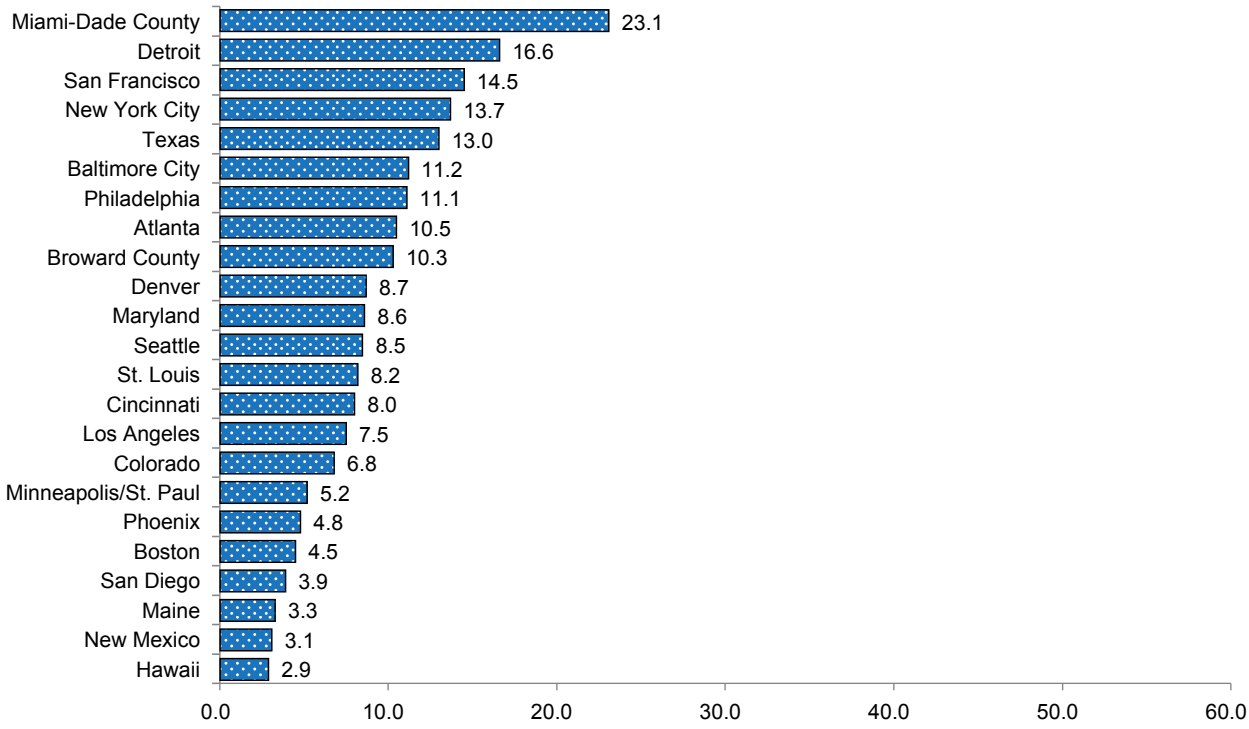
- Based on **route of administration** data from 18 CEWG areas, smoking[4] was the most common mode of cocaine administration among primary cocaine treatment admissions in **2012** (table 4). The range was from 32.4 percent in Albuquerque/New Mexico to 93.6 percent in Detroit. After Detroit, the highest percentages of smoking cocaine among treatment admissions were reported in San Francisco (89.2 percent), St. Louis (87.7 percent), Seattle (86.5 percent), and Baltimore City (86.3 percent). Inhaling or sniffing cocaine was the primary route of administration in approximately 32–36 percent of cocaine admissions in Colorado, Denver, New York City, South Florida/Broward County, South Florida/Miami-Dade County, and Texas (32.0, 33.0, 35.6, 32.3, 32.7, and 34.0 percent, respectively). The proportions of cocaine admissions who reported injecting the drug as the primary route of administration tended to be low, with by far the highest proportions being in Maine, at 15.6 percent, followed distantly by Boston, at 11.7 percent (table 4).

- Across all reporting CEWG areas in **2012,** the majority of primary cocaine admissions were **male,** with the highest proportions of male cocaine admissions in South Florida/Broward County (71.7 percent) and San Francisco (70.3 percent), and the lowest percentages in Maine (51.5 percent) and Texas (51.0 percent) (table 5). In 19 of 21 reporting CEWG areas in **2012,** at least one-half of the primary cocaine treatment admissions were **age 35 or older**[5], with the largest proportions reported in Baltimore City and Detroit (85.1 each). In Albuquerque/New Mexico and Maine, proportions of older cocaine admissions were lowest, at 48.0 and 49.4 percent, respectively. The highest percentages of younger cocaine treatment admissions (**age 25 and younger**) were in South Florida/Miami-Dade County (13.6 percent), followed by Denver and Maine (13.3 percent each) (table 5).

[4]SAMHSA's TEDS report (2003) notes that, "Smoked cocaine primarily represents crack or rock cocaine, but can also include cocaine hydrochloride (powder cocaine) when it is free-based." TEDS does not separately report crack and cocaine; however, several CEWG sites have different codes for crack compared with cocaine, and area representatives may separate these out in their reporting.

[5]These proportions are for admissions age 36 and older in Detroit, and they include admissions age 40 and older in Seattle.

Figure 2. Primary Cocaine Treatment Admissions as a Percentage of Total Treatment Admissions in 23 CEWG Areas[1]: 2012[2]



[1]These treatment admissions data are provided by area representatives for cross-area reporting from June CEWG meeting area reports. Appendix table 2 contains details of these data for each area and descriptions of populations covered. The data presented are treatment admissions for which the primary drug of abuse is reported as cocaine or crack.
[2]Data are for calendar year 2012 (January through December) for all areas except Detroit, where data are for fiscal year 2012 (October 2011 through September 2012).
SOURCE: CEWG area reports, June 2013 meeting

Table 3. Primary Cocaine Treatment Admissions in 23 CEWG Areas as a Percentage of Total Substance Abuse Admissions, Including Primary Alcohol Admissions[1]: 2012[2]

CEWG Areas	Number of Primary Cocaine Admissions	Percentage of Total Admissions
	#	%
Albuquerque/New Mexico	102	3.1
Atlanta	928	10.5
Baltimore City	1,764	11.2
Boston[3]	681	4.5
Cincinnati	281	8.0
Colorado	2,226	6.8
Denver	1,206	8.7
Detroit	1,399	16.6
Hawaii	291	2.9
Los Angeles	3,416	7.5
Maine	429	3.3
Maryland	4,769	8.6
Minneapolis/St. Paul	1,097	5.2
New York City	10,189	13.7
Philadelphia	939	11.1
Phoenix[3]	458	4.8
St. Louis	1,063	8.2
San Diego	558	3.9
San Francisco	3,255	14.5
Seattle	854	8.5
South Florida/Broward County	607	10.3
South Florida/Miami-Dade County	941	23.1
Texas[4]	9,563	13.0

[1]More information on these data is available in the footnotes and notes for appendix table 2.
[2]Data are for calendar year 2012 (January though December) for all areas except Detroit, where data are for fiscal year 2012 (October 2011 through September 2012).
[3]Treatment data for Boston do not include admissions younger than 14, and Phoenix treatment data do not include admissions younger than 18.
[4]Texas treatment data reported in this June 2013 *Highlights and Executive Summary Report* are the data reported at the June 2013 CEWG meeting. They differ from those reported later by the area representative in the Texas full area report appendix that is included in the June 2013 Volume II compilation of full area reports (see that appendix for updated numbers).
SOURCE: June 2013 State and local CEWG reports

Table 4. Primary Route of Administration of Cocaine Among Treatment Admissions in 22 CEWG Areas as a Percentage[1] of Primary Cocaine Treatment Admissions: 2012[2]

CEWG Areas[3]	Smoked		Inhaled		Injected		Oral/Other/ Unknown		Total *N*
	#	%	#	%	#	%	#	%	
CY 2012									
Albuquerque/ New Mexico	33	32.4	—	—	—	—	69	67.6	102
Atlanta	680	73.3	194	20.9	13	1.4	41	4.4	928
Baltimore City	1,523	86.3	111	6.3	121	6.9	9	0.5	1,764
Boston[4]	459	67.4	122	17.9	80	11.7	20	2.9	681
Cincinnati	225	80.1	52	18.6	—	—	4	1.4	281
Colorado	1,316	59.1	713	32.0	141	6.3	56	2.5	2,226
Denver	706	58.5	398	33.0	75	6.2	27	2.2	1,206
Detroit	1,309	93.6	80	5.7	—	—	10	0.7	1,399
Los Angeles	2,869	84.0	446	13.1	20	0.6	81	2.4	3,416
Maine	240	56.0	104	24.2	67	15.6	18	4.2	429
Maryland	3,777	79.2	690	14.5	252	5.3	50	1.0	4,769
Minneapolis/St. Paul	812	74.0	246	22.4	15	1.4	24	2.2	1,097
New York City	6,198	60.8	3,628	35.6	183	1.8	180	1.8	10,189
Philadelphia	751	80.0	1	0.1	31	3.3	156	16.6	939
Phoenix[4]	283	61.8	130	28.4	14	3.1	31	6.8	458
St. Louis	932	87.7	94	8.8	20	1.9	17	1.6	1,063
San Diego	431	77.2	96	17.2	—[5]	—[5]	0	0	558
San Francisco	2,903	89.2	277	8.5	32	1.0	43	1.3	3,255
Seattle	736	86.5	9	1.1	16	1.9	90	10.5	854
South Florida/ Broward County	384	63.3	196	32.3	9	1.5	18	3.0	607
South Florida/ Miami-Dade County	597	63.4	308	32.7	5	0.5	31	3.3	941
Texas	NR[6]	61.0	NR[6]	34.0	NR[6]	3.0	NR[6]	NR[6]	9,563

[1]Percentages may not sum to 100 due to rounding.
[2]Data are for calendar year 2012 (January through December) for all areas except Detroit, where data are for fiscal year 2012 (October 2011 through September 2012).
[3]No data were available for Hawaii.
[4]Treatment data for Boston do not include admissions younger than 14; Phoenix treatment data do not include admissions younger than 18.
[5]These data on route of administration for San Diego are suppressed as required by the California State Alcohol and Drug Program, because they represent fewer than 16 cases, as reported by the San Diego area representative.
[6]NR=Not reported.
SOURCE: June 2013 State and local CEWG reports

Table 5. Demographic Characteristics of Primary Cocaine Treatment Admissions in 22 CEWG Areas as a Percentage[1] of Primary Cocaine Admissions: 2012[2]

CEWG Areas[3]	Gender[4]		Age Group	
	Male	Female	Younger Than 26	35 and Older
Albuquerque/New Mexico	62.7	37.3	12.7	48.0
Atlanta	54.4	45.6	6.5	70.0
Baltimore City	58.3	41.7	2.8	85.1
Boston[5]	54.9	44.9	5.7	68.9
Cincinnati	53.0	47.0	NR[6]	71.5
Colorado	61.5	38.5	12.8	63.3
Denver	62.2	37.8	13.3	64.1
Detroit	63.1	36.9	3.3	85.1[7]
Los Angeles	60.5	39.5	8.0	77.3
Maine	51.5	48.5	13.3	49.4
Maryland	56.2	43.8	7.1	74.1
Minneapolis/St. Paul	58.2	41.8	11.0	72.4
New York City	69.9	30.1	4.6	81.0
Philadelphia	69.6	30.4	9.7	62.9
Phoenix[5]	54.8	45.2	9.6	67.0
St. Louis	66.5	33.4	2.5	83.6
San Diego	67.6	32.4	—[8]	75.3
San Francisco	70.3	29.7	4.4	81.6
Seattle	64.5	35.5	6.3	68.0[9]
South Florida/Broward County	71.7	28.3	11.5	67.9
South Florida/Miami-Dade County	59.9	40.1	13.6	63.1
Texas	51.0	49.0	NR[6]	NR[6]

[1]Percentages are rounded to one decimal place.
[2]Data are for calendar year 2012 (January through December) for all areas except Detroit, where data are for fiscal year 2012 (October 2011 through September 2012).
[3]Data were not available for Hawaii.
[4]Percentages may not add to 100 due to the presence of unknown gender.
[5]Treatment data for Boston do not include admissions younger than 14; treatment data for Phoenix do not include admissions younger than 18.
[6]NR=not reported.
[7]Data for Detroit are for clients 36 and older.
[8]These data on route of administration for San Diego are suppressed as required by the California State Alcohol and Drug Program, because they represent fewer than 16 cases, as reported by the San Diego area representative.
[9]Data from Seattle are for clients age 40 and older.
SOURCE: June 2013 State and local CEWG reports

- In all 18 CEWG areas for which comparable treatment admissions data were available from **2008 through 2012,** proportions of primary cocaine/crack treatment admissions decreased over the 5-year period. The largest percentage-point decline was shown for Maryland (12.6 percentage points), followed by St. Louis (9.6 percentage points). Hawaii showed the smallest decline, of 1.0 percentage point (table 6; figure 3).

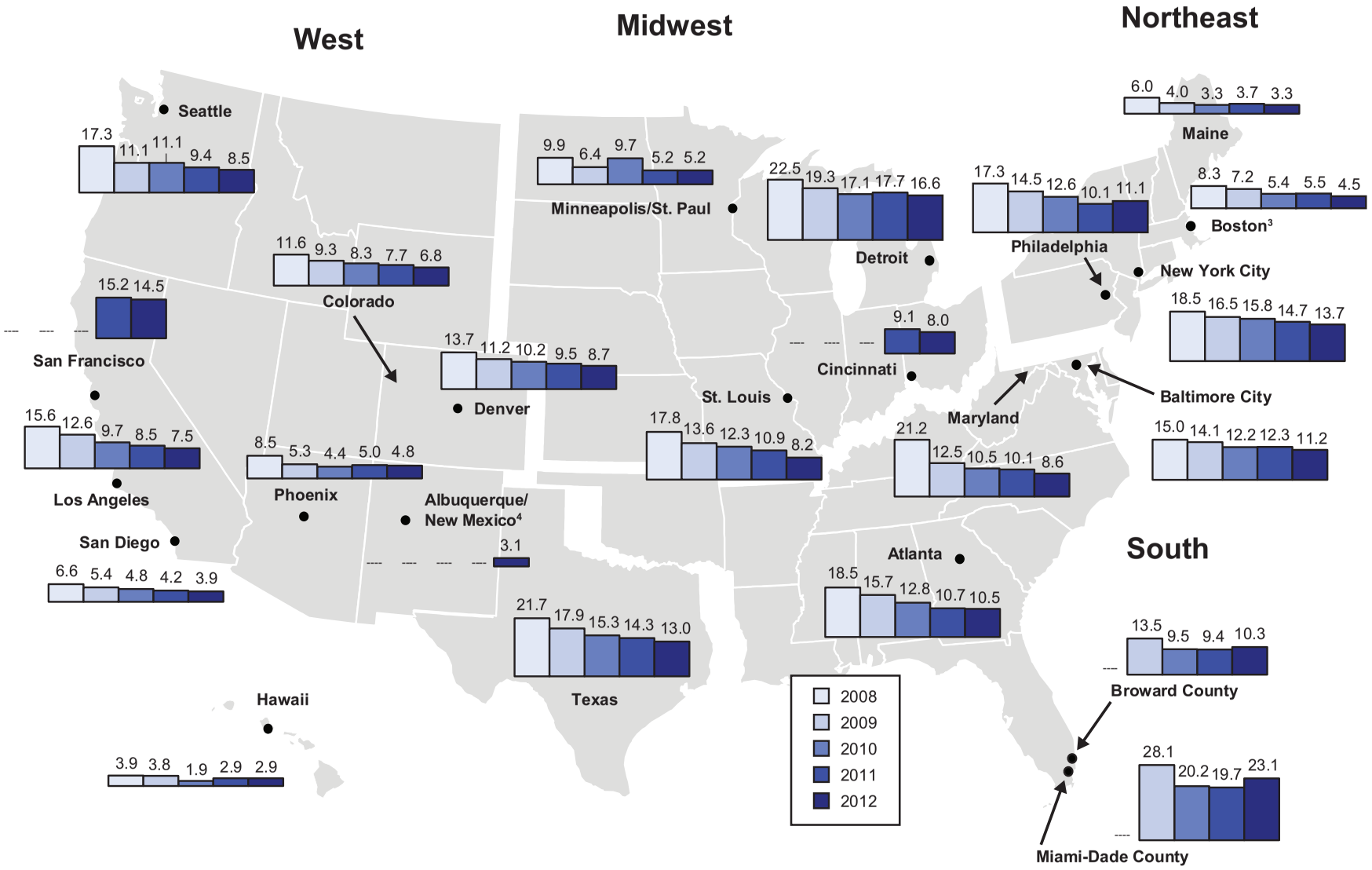
- In 22 CEWG areas with data available on cocaine treatment admissions for both **2011 and 2012,** 17 areas showed declines in percentages of primary cocaine treatment admissions over the period, with the largest decrease in St. Louis, at 2.7 percentage points. Cocaine admissions increased in three areas (Philadelphia and South Florida/Broward and Miami-Dade Counties, by 1.0, 0.9, and 3.4 percentage points, respectively), and they remained the same in two areas (Hawaii and Minneapolis/St. Paul) over the 2-year period (table 6; figure 3).

Table 6. Primary Cocaine Treatment Admissions in 22 CEWG Areas, as a Percentage of Total Substance Abuse Treatment Admissions, Including Primary Alcohol Admissions, and Percentage-Point Changes for 2 Time Periods: 2008–2012 and 2011–2012[1]

CEWG Areas[2]	Years (in Percent)					Percentage-Point Change	
	2008	2009	2010	2011	2012	2008–2012	2011–2012
Atlanta[3]	18.5	15.7	12.8	10.7	10.5	**-8.0**	**-0.2**
Baltimore City[3]	15.0	14.1	12.2	12.3	11.2	**-3.8**	**-1.1**
Boston[3,4]	8.3	7.2	5.4	5.5	4.5	**-2.8**	**-1.0**
Cincinnati	—[5]	—[5]	—[5]	9.1	8.0	—[6]	**-1.1**
Colorado	11.6	9.3	8.3	7.7	6.8	**-4.8**	**-0.9**
Denver	13.7	11.2	10.2	9.5	8.7	**-5.0**	**-0.8**
Detroit	22.5	19.3	17.1	17.7	16.6	**-5.9**	**-1.1**
Hawaii	3.9	3.8	1.9	2.9	2.9	**-1.0**	**0.0**
Los Angeles	15.6	12.6	9.7	8.5	7.5	**-8.1**	**-1.0**
Maine	6.0	4.0	3.3	3.7	3.3	**-2.7**	**-0.4**
Maryland[3]	21.2	12.5	10.5	10.1	8.6	**-12.6**	**-1.5**
Minneapolis/St. Paul	9.9	6.4	9.7	5.2	5.2	**-4.7**	**0.0**
New York City	18.5	16.5	15.8	14.7	13.7	**-4.8**	**-1.0**
Philadelphia[3]	17.3	14.5	12.6	10.1	11.1	**-6.2**	**+1.0**
Phoenix[4]	8.5	5.3	4.4	5.0	4.8	**-3.7**	**-0.2**
St. Louis	17.8	13.6	12.3	10.9	8.2	**-9.6**	**-2.7**
San Diego	6.6	5.4	4.8	4.2	3.9	**-2.7**	**-0.3**
San Francisco	—[5]	—[5]	—[5]	15.2	14.5	—[6]	**-0.7**
Seattle	17.3	11.1	11.1	9.4	8.5	**-8.8**	**-0.9**
South Florida/Broward County	—[7]	13.5	9.5	9.4	10.3	—[6]	**+0.9**
South Florida/Miami-Dade County	—[7]	28.1	20.2	19.7	23.1	—[6]	**+3.4**
Texas[3]	21.7	17.9	15.3	14.3	13.0	**-8.7**	**-1.3**

[1]Data are for calendar years for all areas except Detroit, where data for 2008–2011 are calendar year, and 2012 data are fiscal year (October 2011 through September 2012).
[2]Albuquerque/New Mexico area treatment data, which cover New Mexico only, were not available prior to 2012, when the value was 3.1 percent. Treatment data for all years were lacking for Chicago and Washington, DC.
[3]Data for these areas do not match data contained in previous June reports, as these data were updated by the area representatives.
[4]Treatment data for Boston do not include admissions younger than 14; Phoenix treatment data do not include admissions younger than 18.
[5]Cincinnati and San Francisco data were not comparable over the period due to changes in reporting in 2010.
[6]Percentage-point changes could not be calculated due to missing data.
[7]South Florida/Broward and Miami-Dade Counties 2008 data were not comparable with 2009 and later data, since they represent discharges not admissions.
SOURCES: June 2013 State and local CEWG reports; *June 2012 Highlights and Executive Summary Volume I* CEWG report, p. 49; *June 2011 Highlights and Executive Summary Volume I* CEWG report, p 80; *June 2010 Highlights and Executive Summary Volume I* CEWG report, p. 59; and *June 2009 Highlights and Executive Summary Volume I* CEWG report, p. 40

Figure 3. Primary Cocaine Treatment Admissions as a Percentage of Total Treatment Admissions in 23 CEWG Areas in 4 U.S. Regions[1]: 2008–2012[2]



[1]These treatment admissions data are provided by area representatives for cross-area reporting from June CEWG meeting area reports. The data presented are treatment admissions for which the primary drug of abuse is reported as cocaine or crack (see appendix table 2 for more information on geographic coverage and completeness of these data).
[2]Data are for calendar years (January through December) from 2008 through 2012 for all areas, except Detroit, where data for 2008–2011 are for calendar years, and 2012 data are fiscal year (October 2011 through September 2012).
[3]Boston data for 2008–2011 do not match data shown in previous June reports, as these data were updated by the area representative.
[4]Data for the Albuquerque/New Mexico area are for New Mexico only and were not available prior to 2012.
SOURCE: CEWG area reports, June 2009–2013 meetings

DAWN ED visits:

- Estimated **cocaine-involved ED visits** and associated rates per 100,000 population decreased significantly in 3 of 11 CEWG areas reporting data between **2004 and 2011**. These areas were Chicago, Miami-Dade County, and San Francisco, with respective declines of 29, 16, and 29 percent. Two areas showed increased ED visits involving cocaine over the 7-year period (Detroit and New York City). These increases were 88 and 36 percent, respectively (table 7).

- In the most recent period from **2010 to 2011,** eight CEWG areas showed stable ED visits and visit rates, including Boston, Chicago, Detroit, Miami-Dade County, Minneapolis/St. Paul, New York City, Phoenix, and Seattle. In two areas—Broward County (Miami-Ft. Lauderdale) and Denver, ED visits increased, by 52 and 7 percent, respectively, while in one area, San Francisco, cocaine-involved ED visits fell by 26 percent in 2010–2011 (table 7). Estimated cocaine-involved visits for the United States were stable across all time periods (table 7).

- From **2009 to 2011,** ED visits involving cocaine increased in 3 of 12 areas—Boston, Broward (Miami-Ft. Lauderdale), and Denver, while in 1 area, such ED visits decreased (San Francisco). The remaining areas showed stable visits and visit rates in the 3-year period (table 7).

NFLIS Drug Reports:

- After marijuana/cannabis, the drug most frequently **ranked** first or second among total drug reports from drug items seized and identified in NFLIS forensic laboratories for **2012** was **cocaine/crack** (table 2). Of 25 CEWG reporting areas, cocaine/crack ranked first in percentage of total drug reports in 4 areas (Atlanta, Denver, Maine, and Miami) and second in 11 areas and in the United States. Areas in which cocaine ranked second in NFLIS drug reports in 2012 were Colorado and Texas in the West; Detroit, Michigan, and Minneapolis/St. Paul in the Midwest; Boston, New York City, and Philadelphia in the Northeast; and Baltimore City, Maryland, and Washington, DC, in the South (table 2). The highest percentage of cocaine drug reports in 2012 was in Miami (48.2 percent), and the lowest was in Honolulu (6.7 percent) (figure 4; appendix table 3).

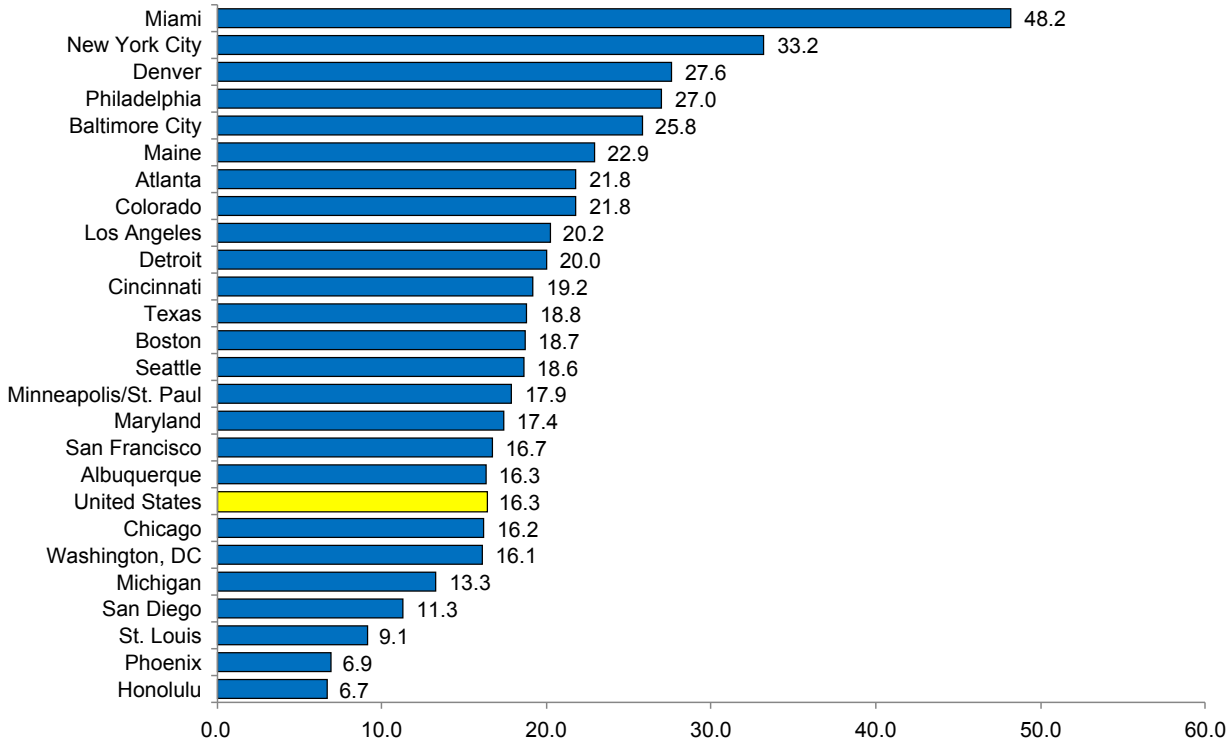
- Between **2011 and 2012,** cocaine drug report proportions fell in 22 of 25 areas, rose slightly in 1 area (San Francisco), and were stable in 2 areas (San Diego and Seattle). The largest decline was observed for Atlanta, at 12.4 percentage points (figure 1).

Table 7. Weighted Estimates[1] of Drug Misuse/Abuse-Related Emergency Department (ED) Visits Involving Cocaine[2], and Rates per 100,000 Population for 11 CEWG Areas and the United States: 2004, 2009–2011

CEWG Area	Estimated Numbers of ED Visits and (Rates per 100,000 Population) 2004	Estimated Numbers of ED Visits and (Rates per 100,000 Population) 2009	Estimated Numbers of ED Visits and (Rates per 100,000 Population) 2010	Estimated Numbers of ED Visits and (Rates per 100,000 Population) 2011	Percent and Direction of Change 2004–2011[3] (%)	Percent and Direction of Change 2009–2011[3] (%)	Percent and Direction of Change 2010–2011[3] (%)
Boston	9,408 (212.6)	11,202 (247.4)	11,431 (250.7)	12,562 (273.6)	—	+12	—
Broward (Miami-Ft. Lauderdale)	NA[4]	4,479 (147.3)	4,081 (132.7)	6,211 (199.4)	…[5]	+39	+52
Chicago	31,113 (336.0)	23,373 (247.9)	23,020 (243.0)	22,125 (232.8)	-29	-5	—
Denver	2,164 (93.9)	2,796 (111.4)	3,330 (130.4)	3,565 (137.1)	—	+27	+7
Detroit	5,221 (117.4)	9,563 (221.8)	9,427 (219.7)	9,799 (228.6)	+88	—	—
Miami-Dade	9,469 (401.5)	6,450 (262.1)	5,702 (227.8)	7,955 (311.4)	-16	—	—
Minneapolis/St. Paul	6,228 (200.6)	3,843 (117.8)	4,141 (126.0)	4,279 (128.9)	—	—	—
New York City	20,445 (254.2)	25,951 (319.1)	27,726 (338.7)	27,752 (336.6)	+36	—	—
Phoenix	3,717 (102.2)	3,550 (85.5)	3,606 (85.7)	3,467 (81.3)	—	—	—
Seattle	…[6]	5,358 (156.9)	5,906 (171.3)	4,924 (140.7)	…[6]	—	—
San Francisco	4,419 (260.7)	4,149 (234.9)	4,290 (241.3)	3,156 (175.8)	-29	-24	-26
United States	475,425 (162.4)	422,902 (137.9)	488,101 (157.8)	505,224 (162.1)	—	—	—

[1]Estimates of ED visits are based on a representative sample of non-Federal, short-stay hospitals with 24-hour EDs in the United States.
[2]It should be noted that summing or combining visits for drugs, cocaine, heroin, methamphetamine, and other drugs, produces incorrect and inflated counts, since ED visits often involve multiple drug reports, and these visits will appear multiple times in the data tables.
[3]This column denotes statistically significant ($p<.05$) increases or decreases between estimates for the periods shown. Results of statistical testing were provided by SAMHSA. The symbol, "—" indicates no statistically significant changes in the estimates between the reporting periods shown.
[4]"NA" indicates that data were not available for this time period.
[5]No significance tests could be performed due to lack of data for 1 or both of the comparison years.
[6]Seattle data for 2004 may not be comparable with data for 2009–2011, and comparisons of ED visits and ED visit rates for that area are not reported here.
SOURCE: DAWN, SAMHSA

Figure 4. Cocaine Drug Reports Identified Among Drug Items Seized and Analyzed in NFLIS Forensic Laboratories, as a Percentage of Total NFLIS Drug Reports[1], in 25 CEWG Areas and the United States: 2012[2]



[1]NFLIS methodology allows for the accounting of up to three drug reports per item submitted for analysis. The data presented are a combined count including primary, secondary, and tertiary reports for each selected drug item seized and analyzed.
[2]Data are for calendar year 2012, January–December; see appendix tables 3.1–3.26. Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.
SOURCE: NFLIS, DEA, data for all areas were retrieved on May 7–9, 2013

Heroin

Fifteen of 21 CEWG area representatives reported stable or increasing heroin indicators for the 2012 reporting period, compared with 2011. Indicators, including mainly mortality, treatment admissions, and some law enforcement indicators, were observed as increasing in Atlanta, Baltimore City and Maryland, Boston, Cincinnati, Denver/Colorado, Maine, Minneapolis/St. Paul, Philadelphia, San Diego, Seattle, and South Florida/Miami-Dade and Broward Counties. Heroin levels were described as high relative to other drugs and indicators as stable in Chicago, Detroit, New York City, and St. Louis. Heroin indicators were observed by area representatives as mixed (with some indicators decreasing, some stable, and some increasing) in Honolulu/Hawaii, Los Angeles, Phoenix, Texas, and Washington, DC, and they were reported to be declining in the 2012 reporting period in two areas—Albuquerque/New Mexico and San Francisco.

- **Western CEWG Region:** Area representatives from **Denver/Colorado, San Diego,** and **Seattle** reported increasing indicators for heroin in 2012, compared with 2011. Mixed heroin indicators

(with some increasing, some decreasing, and some stable) were reported for 2012 by representatives from **Honolulu/Hawaii, Los Angeles, Phoenix,** and **Texas**. Although heroin levels continued to be high relative to other drugs in the **Albuquerque/New Mexico** area, as reported by the area representative, indicators, including deaths, NFLIS drug reports/seizures, student drug use, poison control center calls, and price and purity, declined there in 2012, compared with 2010 and 2011. While some heroin indicators were declining in **San Francisco,** as reported by the area representative, treatment admissions and drug reports among items analyzed by NFLIS forensic laboratories increased slightly in 2012, compared with 2011, and a sharp increase in nonfatal overdose episodes in the spring of 2012 suggested a possible trend change.

- **Midwestern Region:** Indicators for heroin were high relative to other drugs and stable in both **Chicago** and **Detroit,** according to area representatives. In Detroit, the area representative described heroin as a "major threat" in 2012. Heroin indicators were high and increasing in **Cincinnati** in the current reporting period, according to the area representative. Heroin indicators were also reported as increasing in the **Minneapolis/St. Paul** area. In **St. Louis,** indicators for heroin were reported by the area representative as mostly stable, although heroin-related deaths declined in 2012 from recent reporting periods as did NFLIS drug reports from drug seizures. The representatives from **Chicago, Cincinnati,** and **Minneapolis/St. Paul** cited the high and either stable or increasing indicators for heroin as one of the key findings for their areas. In Cincinnati, for example, "heroin was reported as one of the predominant drug issues, displacing cocaine from the number two spot, after marijuana," according to the area representative.

- **Northeastern Region:** Three area representatives in the Northeast—**Boston, New York City,** and **Philadelphia**—reported high levels relative to other drugs and mostly increasing (Boston and Philadelphia) or mostly stable (New York City) heroin indicators as a key finding for the 2012 reporting period. In **Maine,** heroin levels were moderate compared with other drugs, but all heroin indicators (numbers of primary treatment admissions, deaths related to heroin, forensic seizures, impaired drivers, and arrests) were reported as increasing.

- **Southern Region:** Heroin indicators were reported as increasing in all three CEWG areas in the southern region—**Baltimore/Maryland/Washington, DC; Atlanta;** and **South Florida/Miami-Dade and Broward Counties**.

Other Highlights:

- **Younger Heroin Users:** Six CEWG area representatives noted an increase in heroin abuse among young adults, based largely on treatment admissions data. A younger heroin user population was revealed in treatment and mortality indicators in **Chicago, Detroit and Michigan, Minneapolis/St. Paul, San Diego, Seattle,** and **Texas**. In Michigan, clients younger than 30 constituted 19.6 percent of heroin admissions in CY 2003; this proportion increased to 41.1 percent in CY 2012. In Minneapolis/St. Paul, of the 2,724 heroin admissions in 2012, 41.6 percent were age 18–25, compared with 34.9 percent in that age group in 2010. In the Seattle area, heroin was reported as the drug with the most primary treatment admissions in 2012 among clients in the 18–29 age group.

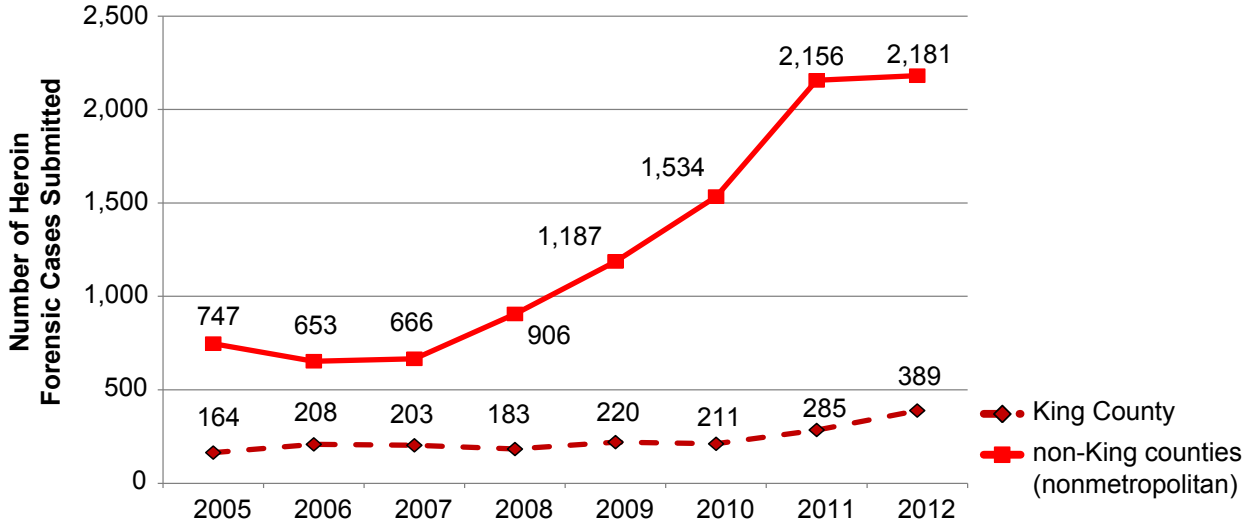
    - Data for 2011 from the **YRBS** showed significant increases in lifetime heroin use by students compared with 2005 and 2009 in several CEWG areas.

– In 14 reporting areas, from **2005 to 2011, self-reported lifetime heroin use** among high school students surveyed increased significantly in 8 areas—Chicago, Colorado, Detroit, Los Angeles, Maryland, New York City, San Francisco, and Washington, DC—and in the United States. Stability or no significant change was observed in Boston, Broward County, Miami-Dade County, Palm Beach County, San Diego, and Texas. From **2009 to 2011,** lifetime heroin use among high school students decreased significantly in 1 of 14 reporting areas, Broward County. Two areas showed increases of lifetime heroin use among students—San Francisco and Texas. Other areas showed no significant changes in lifetime heroin use, including Boston, Chicago, Colorado, Los Angeles, Maryland, Miami-Dade County, New Mexico, New York City, Palm Beach County, Philadelphia, and San Diego, along with the United States. Data were missing for 1 or both years for Hawaii, Seattle, Maine, and Washington, DC (these data are shown in the January 2013 CEWG *Highlights and Executive Summary* report).

- **Heroin in Nonmetropolitan Areas:** Heroin abuse was reported as reaching beyond metropolitan areas and into nonmetropolitan ones (suburban and rural areas), as reported by the representatives from **Chicago** (based on overdose death data), **Detroit** (shown in treatment data), **St. Louis** (from anecdotal data and data on deaths involving heroin), and **Seattle** (where numbers of forensic seizures identified as heroin outside of King County increased more proportionately than those for the metropolitan Seattle area).

  ◦ Figure 5 from Fe Caces' presentation at the June 2013 meeting compares the number of forensic laboratory cases in which heroin was reported in two areas of Washington State—the Seattle/King County metropolitan area and all other counties in the State outside King County. The numbers of King County heroin reports from drugs seized and analyzed in NFLIS laboratories were relatively stable from 2005 to 2012, with a slight increase from 2011 to 2012. In contrast, the number of heroin drug reports among analyzed drug items in the nonmetropolitan counties outside of the Seattle/King County area increased from 2007 to 2011 and showed some stabilization in 2012.

Figure 5. Comparison of Washington State Forensic Heroin Cases, 2005–2012

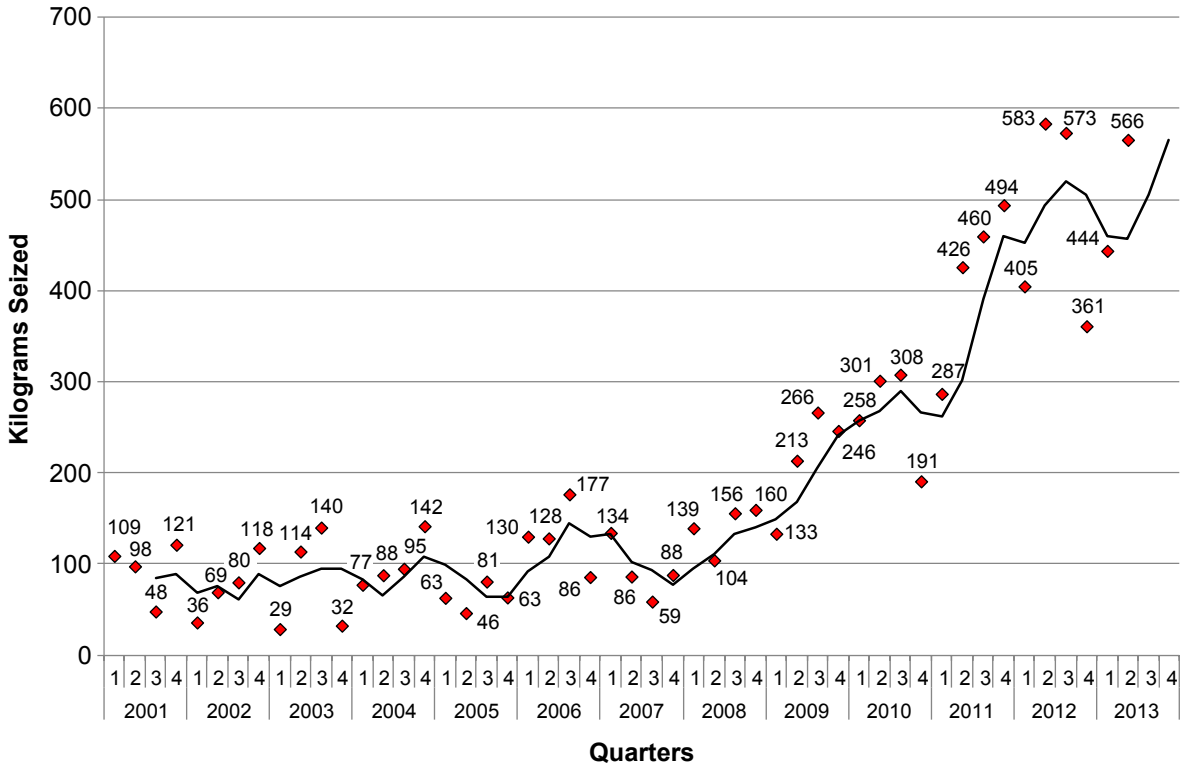


SOURCE: NFLIS, DEA, extracted 6/10/2013, provided by Fe Caces, ONDCP, for the June 2013 CEWG meeting

- **The Relationship Between Heroin and Other Opiates:** CEWG area representatives continued to report on the relationship between heroin and other opiates. Area representatives from **Denver/ Colorado, Minneapolis/St. Paul,** and **South Florida/Miami-Dade and Broward Counties** continued to report anecdotal evidence that heroin users were switching from other opiates to heroin due to lower cost and greater availability of heroin.

- **Heroin Along the Southwest Border:** Quarterly heroin seizures along the southwestern border of the United States and Mexico increased substantially from 2008 to 2012, according to the National Seizure System (El Paso Intelligence Center); however, a downturn was noted in these seizures in July 2012 until January 2013, when an upturn was observed (figure 6).

Figure 6. Quarterly Southwestern Border Heroin Seizures, January 2001–June 2013



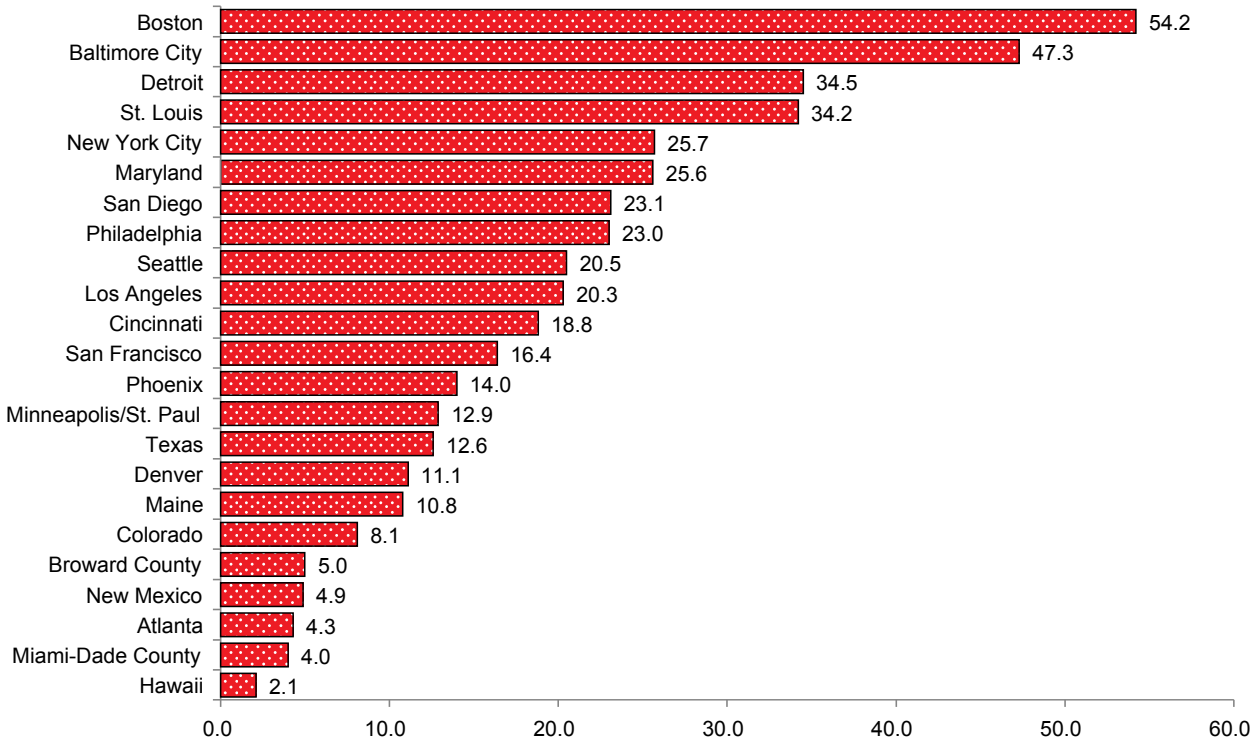
SOURCE: National Seizure System, El Paso Intelligence Center, extracted 7/1/201, and provided by Fe Caces, ONDCP, for the June 2013 CEWG meeting

Other Highlights – Cross-Area Data Sources

Treatment Admissions:

- Primary **heroin treatment admissions ranked** first in proportions of total treatment admissions in **2012** in 4 of 23 CEWG reporting areas—Baltimore City, Boston, Detroit, and St. Louis—and they ranked second in 5 areas—Maryland, New York City, Philadelphia, San Diego, and Seattle (table 1). Boston (54.2 percent) and Baltimore City (47.3 percent) had the highest proportions of primary heroin treatment admissions in 2012; Hawaii had the lowest, at 2.1 percent (table 8; figure 7).
- Injection was the most frequently reported **mode of heroin administration** in 17 of 21 reporting CEWG areas in **2012**. Proportions of heroin admissions injecting the drug ranged from 25.4 percent in Philadelphia to 90.4 percent in South Florida/Broward County (table 9). Inhalation or intranasal use was the most frequent mode of heroin administration reported by heroin admissions in 3 of 21 areas: Baltimore City, at 56.3 percent; Detroit, at 58.5 percent; and New York City, at 54.8 percent. However, this mode was relatively rarely reported among treatment admissions in Philadelphia, San Diego, and Seattle (at 0.4, 2.4, and 1.6 percent, respectively). Smoking was reported by less than 2.0 percent of the heroin admissions in 11 of 20 CEWG areas reporting. San Diego had the highest proportion of heroin treatment admissions whose primary mode of administration was smoking, at 24.9 percent (table 9).

Figure 7. Primary Heroin Treatment Admissions as a Percentage of Total Treatment Admissions in 23 CEWG Areas[1]: 2012[2]



[1]These treatment admissions data are provided by area representatives for cross-area reporting from June CEWG meeting area reports. Appendix table 2 contains details of these data for each area and descriptions of populations covered. The data presented are treatment admissions for which the primary drug of abuse is reported as heroin.
[2]Data are for calendar year 2012 (January through December) for all areas except Detroit, where data are for fiscal year 2012 (October 2011 through September 2012).
SOURCE: CEWG area reports, June 2013 meeting

- There were proportionally more **male** than female primary heroin admissions in all 22 CEWG areas reporting in **2012** represented in table 10. In 7 of 21 reporting CEWG areas, more than one-half of the primary heroin admissions in 2012 were **age 35 or older,** with the highest proportion in Detroit (85.7 percent)[6] and the lowest in Cincinnati (22.5 percent) (table 10).

Table 8. Primary Heroin Treatment Admissions in 23 CEWG Areas, as a Percentage of Total Substance Abuse Treatment Admissions, Including Primary Alcohol Admissions[1]: 2012[2]

CEWG Areas[3]	Number of Primary Heroin Admissions	Percentage of Total Admissions
	#	%
Albuquerque/New Mexico	162	4.9
Atlanta	377	4.3
Baltimore City	7,455	47.3
Boston[3]	8,227	54.2
Cincinnati	658	18.8
Colorado	2,642	8.1
Denver	1,545	11.1
Detroit	2,912	34.5
Hawaii	210	2.1
Los Angeles	9,256	20.3
Maine	1,386	10.8
Maryland	14,185	25.6
Minneapolis/St. Paul	2,724	12.9
New York City	19,075	25.7
Philadelphia	1,947	23.0
Phoenix[3,4]	1,345	14.0
St. Louis	4,412	34.2
San Diego	3,328	23.1
San Francisco	3,672	16.4
Seattle	2,064	20.5
South Florida/Broward County	292	5.0
South Florida/Miami-Dade County	161	4.0
Texas[5]	9,270	12.6

[1]More information on these data is available in the footnotes and notes for appendix table 2.
[2]Data are for calendar year 2012 (January through December) for all areas except Detroit, where data are for fiscal year 2012 (October 2011 through September 2012).
[3]Treatment data for Boston do not include admissions younger than 14. Phoenix treatment data do not include admissions younger than 18.
[4]Heroin is combined with morphine in Phoenix treatment admissions data.
[5]Texas treatment data reported in this June 2013 *Highlights and Executive Summary Report* are the data reported at the June 2013 CEWG meeting. They differ from those reported later as updates by the area representative in the Texas full area report appendix that is included in the June 2013 Volume II compilation of full area reports (see that appendix for updated numbers).
SOURCE: June 2013 State and local CEWG reports

[6]Data for Detroit are for admissions age 36 and older.

Table 9. Primary Route of Administration of Heroin Among Treatment Admissions in 21 CEWG Areas as a Percentage[1] of Primary Heroin Treatment Admissions: 2012[2]

CEWG Areas[3]	Smoked		Inhaled		Injected		Oral/Other/ Unknown		Total *N*
	#	%	#	%	#	%	#	%	
CY 2012									
Atlanta	211	2.9	57	15.1	296	78.5	13	3.4	377
Baltimore City	80	1.1	4,195	56.3	3,123	41.9	57	0.8	7,455
Boston[4]	51	0.6	1,032	12.5	7,041	85.6	103	1.3	8,227
Cincinnati	NR[5]	NR[5]	82	12.5	560	85.1	9	1.4	658
Colorado	486	18.4	132	5.0	1,978	74.9	46	1.7	2,642
Denver	313	20.3	93	6.0	1,112	72.0	27	1.7	1,545
Detroit	5	0.2	1,703	58.5	1,204	41.3	0	0.0	2,912
Los Angeles	1,395	15.1	316	3.4	7,353	79.4	192	2.1	9,256
Maine	23	1.7	238	17.2	1,055	76.1	70	5.1	1,386
Maryland	102	0.7	5,271	37.2	8,644	60.9	168	1.2	14,185
Minneapolis/St. Paul	281	10.3	716	26.3	1,650	60.6	77	2.8	2,724
New York City	142	0.7	10,454	54.8	8,303	43.5	176	0.9	19,075
Philadelphia	4	0.2	7	0.4	495	25.4	1,441	74.0	1,947
Phoenix[4,6]	305	22.7	67	5.0	875	65.1	98	7.3	1,345
St. Louis	14	0.3	1,465	33.2	2,893	65.6	40	0.9	4,412
San Diego	830	24.9	81	2.4	2,385	71.7	2.8	0.8	3,328
San Francisco	149	4.1	808	22.0	2,648	72.1	67	1.8	3,672
Seattle	254	12.3	32	1.6	1,713	83.0	65	3.1	2,064
South Florida/ Broward County	2	0.7	22	7.5	264	90.4	4	1.4	292
South Florida/ Miami-Dade County	2	1.2	21	13.0	137	85.1	1	0.6	161
Texas	NR[5]	2.0	NR[5]	18.0	NR[5]	79.0	NR[5]	NR[5]	9,270

[1]Percentages may not sum to 100 due to rounding.
[2]Data are for calendar year 2012 (January through December) for all areas except Detroit, where data are for fiscal year 2012 (October 2011 through September 2012).
[3]No data were not available for Hawaii.
[4]Treatment data for Boston do not include admissions younger than 14. Phoenix treatment admissions do not include those younger than 18.
[5]NR=Not reported.
[6]Heroin is combined with morphine in Phoenix treatment admissions data.
SOURCE: June 2013 State and local CEWG reports

Table 10. Demographic Characteristics of Primary Heroin Treatment Admissions in 22 CEWG Areas as a Percentage[1] of Primary Heroin Admissions: 2012[2]

CEWG Areas[3]	Gender[4]		Age Group	
	Male	Female	Younger Than 26	35 and Older
Albuquerque/New Mexico	64.2	35.8	34.6	24.7
Atlanta	63.1	36.9	27.1	41.6
Baltimore City	64.3	35.7	4.3	83.6
Boston[5]	73.2	26.7	17.4	45.3
Cincinnati	52.9	47.1	28.1[6]	22.5
Colorado	66.0	34.0	44.8	24.5
Denver	65.8	34.2	41.1	28.5
Detroit	64.9	35.1	3.5	85.7[7]
Los Angeles	72.5	27.4	20.6	56.2
Maine	55.3	44.7	25.9	25.4
Maryland	61.2	38.8	21.7	55.2
Minneapolis/St. Paul	64.6	35.4	43.1	32.5
New York City	77.0	23.0	7.1	75.8
Philadelphia	72.6	27.4	15.9	38.8
Phoenix[5,8]	59.1	40.9	31.9	31.2
St. Louis	63.3	36.7	22.1	34.4
San Diego	70.9	29.1	32.8	34.1
San Francisco	68.9	31.1	13.9	60.5
Seattle	59.2	40.8	24.1	36.6[9]
South Florida/Broward County	72.6	27.4	18.2	43.2
South Florida/Miami-Dade County	70.2	29.8	19.9	50.3
Texas	61.4	38.0	NR[10]	NR[10]

[1]Percentages are rounded to one decimal place.
[2]Data are for calendar year 2012 (January through December) for all areas except Detroit, where data are for fiscal year 2012 (October 2011 through September 2012).
[3]No data were available for Hawaii.
[4]Percentages may not add to 100 percent due to the presence of unknown gender.
[5]Treatment data for Boston do not include admissions younger than 14, and those for Phoenix do not include admissions younger than 18.
[6]Treatment admissions in Cincinnati are younger than 24.
[7]Data for Detroit are for clients 36 and older.
[8]Heroin is combined with morphine in Phoenix treatment admissions data.
[9]Data from Seattle are for clients age 40 and older.
[10]NR=Not reported.
SOURCE: June 2013 State and local CEWG reports

- Twelve of 18 reporting areas with 5 years of available data showed percentage-point increases in proportions of primary heroin treatment admissions from **2008 to 2012**. The largest increases were observed for St. Louis (with a 15.4-percentage-point increase), Seattle (with a 7.9-percentage-point increase), and Minneapolis/St. Paul (with a 6.2-percentage-point increase). Four areas showed declines in percentages of heroin admissions from 2008 to 2012—Baltimore City, with the largest decline, at 9.7 percentage points), Maryland, New York City, and Philadelphia. Two areas, Detroit and Phoenix, had the same percentage of heroin admissions in 2008 as in 2012 (table 11; figure 8).

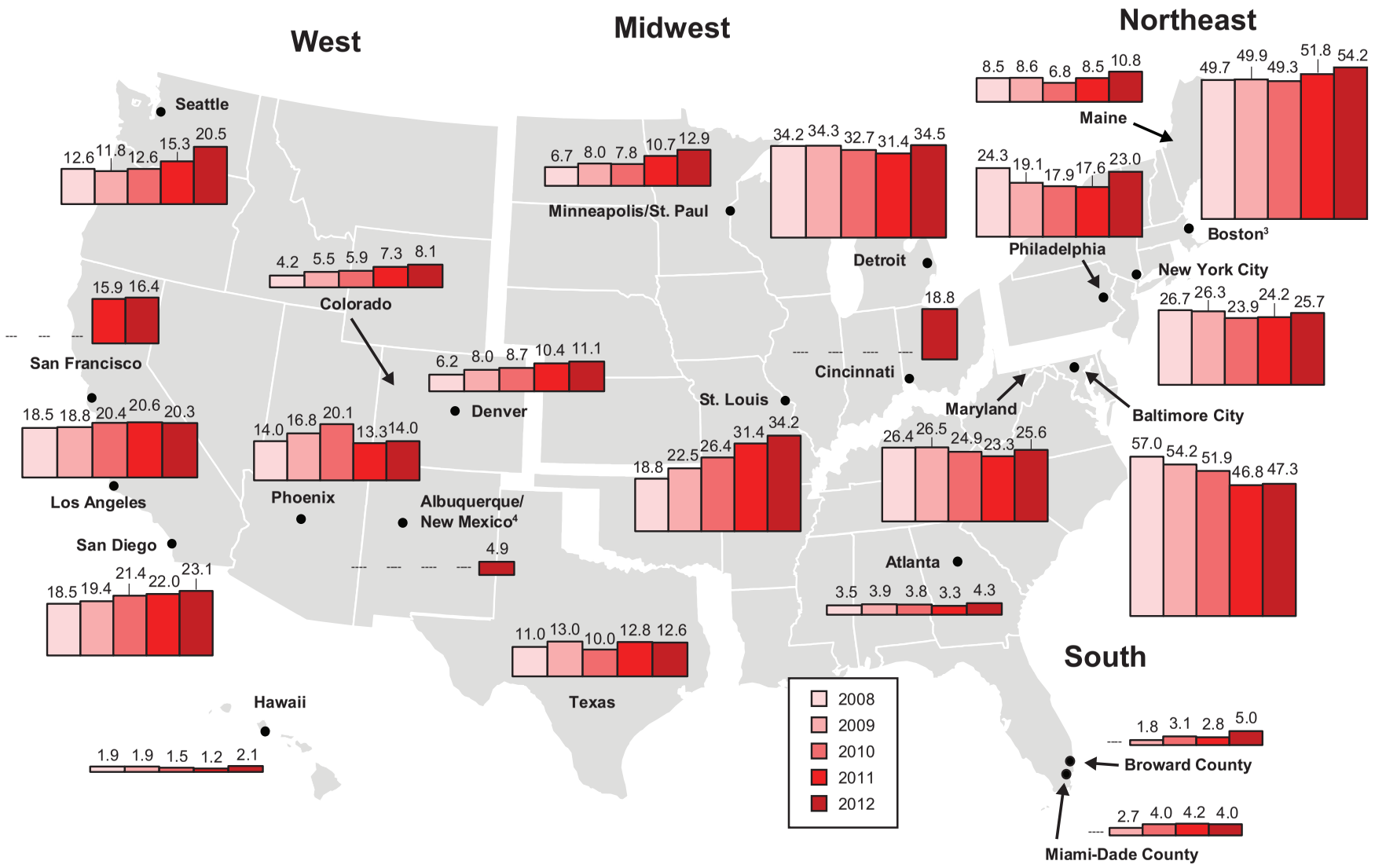
- From **2011 to 2012,** proportions of primary heroin treatment admissions rose in 18 of 21 CEWG reporting areas and fell slightly (by less than 1.0 percentage point) in 3 areas (Los Angeles, South Florida/Miami-Dade County, and Texas). The largest increases in heroin admission percentages were in Philadelphia, at 5.4 percentage points, and Seattle at 5.2 percentage points, between 2011 and 2012 (table 11; figure 8).

Table 11. Primary Heroin Treatment Admissions in 21 CEWG Areas, as a Percentage of Total Admissions, Including Primary Alcohol Admissions, and Percentage-Point Changes for 2 Time Periods: 2008–2012 and 2011–2012[1]

CEWG Areas[2]	Years (in Percent)					Percentage-Point Change	
	2008	2009	2010	2011	2012	2008–2012	2011–2012
Atlanta[3]	3.5	3.9	3.8	3.3	4.3	+0.8	+1.0
Baltimore City[3]	57.0	54.2	51.9	46.8	47.3	-9.7	+0.5
Boston[3,4]	49.7	49.9	49.3	51.8	54.2	+4.5	+2.4
Colorado	4.2	5.5	5.9	7.3	8.1	+3.9	+0.8
Denver	6.2	8.0	8.7	10.4	11.1	+4.9	+0.7
Detroit	34.2	34.3	32.7	31.4	34.5	+0.3[5]	+3.1
Hawaii	1.9	1.9	1.5	1.2	2.1	+0.2	+0.9
Los Angeles	18.5	18.8	20.4	20.6	20.3	+1.8	-0.3
Maine	8.5	8.6	6.8	8.5	10.8	+2.3	+2.3
Maryland[3]	26.4	26.5	24.9	23.3	25.6	-0.8	+2.3
Minneapolis/St. Paul	6.7	8.0	7.8	10.7	12.9	+6.2	+2.2
New York City	26.7	26.3	23.9	24.2	25.7	-1.0	+1.5
Philadelphia[3]	24.3	19.1	17.9	17.61	23.0	-1.3	+5.4
Phoenix[4]	14.0	16.8	20.1	13.3	14.0	0.0	+0.7
St. Louis	18.8	22.5	26.4	31.4	34.2	+15.4	+2.8
San Diego	18.5	19.4	21.4	22.0	23.1	+4.6	+1.1
San Francisco	—[6]	—[6]	—[6]	15.9	16.4	—[7]	+0.5
Seattle	12.6	11.8	12.6	15.3	20.5	+7.9	+5.2
South Florida/Broward County	—[6]	1.8	3.1	2.8	5.0	—[7]	+2.2
South Florida/Miami-Dade County	—[6]	2.7	4.0	4.2	4.0	—[6]	-0.2
Texas[3]	11.0	13.0	10.0	12.8	12.6	+1.6	-0.2

[1]Calendar year (January through December) data for all areas except Detroit, where data for 2008–2011 are calendar year, and 2012 data are fiscal year (October 2011 through September 2012).
[2]Noncomparability of data precludes inclusion in this table of data for years prior to 2012 for Albuquerque/New Mexico and Cincinnati. Respective percentages for 2012 primary heroin treatment admissions for New Mexico and Cincinnati were 4.9 and 18.8.
[3]Data for these areas do not match data contained in previous June reports, as these data were updated by the area representatives.
[4]Treatment data for Boston do not include admissions younger than 14. Phoenix treatment admissions do not include data for those younger than 18.
[5]Where differences in proportions of heroin admissions were less than 1.0 percent in 2012, compared with 2008 or 2011, stability in the proportions was assessed (designated here in green, rather than blue for increase and black for decrease).
[6]San Francisco data were not comparable over the period due to changes in reporting in 2010.
[7]Percentage-point changes could not be calculated due to missing data.
[8]South Florida/Broward and Miami-Dade Counties 2008 data were not comparable with 2009 and later data, since they represent discharges not admissions.
SOURCES: June 2013 State and local CEWG reports; *June 2012 Highlights and Executive Summary Volume I* CEWG report, p. 56; *June 2011 Highlights and Executive Summary Volume I* CEWG report, p. 87; *June 2010 Highlights and Executive Summary Volume I* CEWG report, p. 66; and *June 2009 Highlights and Executive Summary Volume I* CEWG report, p. 47

Figure 8. Primary Heroin Treatment Admissions as a Percentage of Total Treatment Admissions in 23 CEWG Areas in 4 U.S. Regions[1]: 2008–2012[2]



[1]These treatment admissions data are provided by area representatives for cross-area reporting from June CEWG meeting area reports. The data presented are treatment admissions for which the primary drug of abuse is reported as heroin (see appendix table 2 for more information on geographic coverage and completeness of these data).
[2]Data are for calendar years (January through December) from 2008 through 2012 for all areas, except Detroit, where data for 2008–2011 are for calendar years, and 2012 data are fiscal year (October 2011 through September 2012).
[3]Boston data for 2008–2011 do not match data shown in previous June reports, as these data were updated by the area representative.
[4]Data for the Albuquerque/New Mexico area are for New Mexico only and were not available prior to 2012.
SOURCE: CEWG area reports, June 2009–2013 meetings

DAWN ED Visits:

- Estimated **heroin-involved ED visits** and associated rates per 100,000 population increased significantly in 4 of 11 CEWG reporting areas between **2004 and 2011,** namely Denver, Detroit, Minneapolis/St. Paul, and Phoenix. Respective increases in estimated ED visits involving heroin for those areas were 147, 105, 194, and 131 percent over the 7-year period. In San Francisco, a significant decline in ED visits was reported at 70 percent over the period. No other CEWG areas showed significant changes in rates or visits between 2004 and 2011 nor did the United States (table 12).

- Four of 11 CEWG reporting areas—Boston, Denver, Minneapolis/St. Paul, and Seattle—experienced increases in estimated heroin-involved ED visits of 34, 22, 55, and 18 percent, respectively, in the 2-year period from **2010 to 2011**. ED visits declined in San Francisco from **2010 to 2011,** by 41 percent (table 12). Estimated heroin-involved visits for five CEWG areas (Broward [Miami-Ft. Lauderdale], Chicago, Detroit, New York City, and Phoenix) were stable during this time period. Heroin-involved ED visits for the United States were also stable from 2010 to 2011 (table 12).

- From **2009 to 2011,** ED visits involving heroin rose in 5 areas, with the highest percent increase in Minneapolis/St. Paul (88 percent), and fell in 1 area (San Francisco). ED visits and rates were stable in other CEWG areas and the United States during the 3-year period (table 12).

NFLIS Drug Reports:

- **Heroin ranked** as the most frequently identified drug reported among drug items seized and analyzed in NFLIS forensic laboratories in **2012** in 2 of 25 CEWG areas (Albuquerque and Seattle), and it ranked second among NFLIS drug reports in 3 areas (Chicago, Cincinnati, and St. Louis) (table 2). The highest proportions of heroin seizures were reported in 2012 in Cincinnati (31.5 percent), Baltimore City (21.8 percent), and Albuquerque (21.2 percent). The lowest was in Honolulu (0.4 percent) (figure 9; appendix table 3).

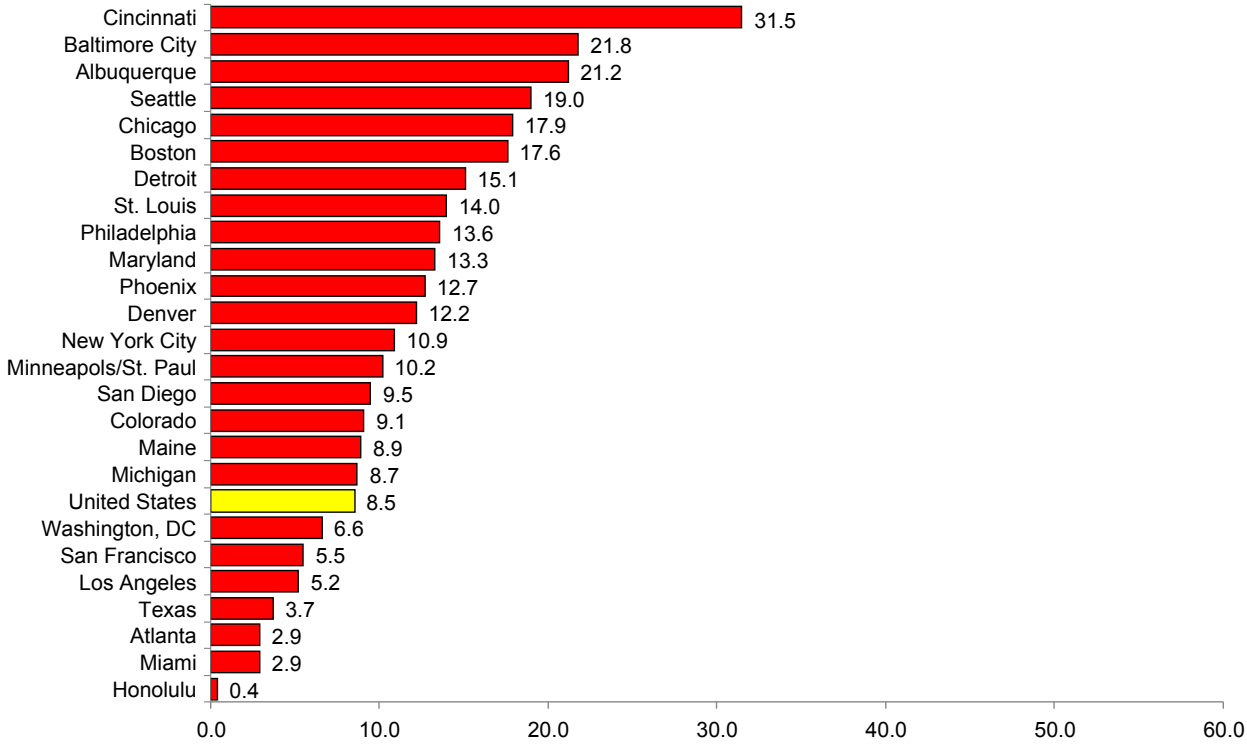
- Among the areas shown in figure 1, all but 6 of 25 CEWG reporting areas and the United States showed increases in heroin drug reports between **2011 and 2012,** with Cincinnati showing the largest increase (11.0 percentage points). Three areas (Albuquerque, Honolulu, and St. Louis) showed slight declines, and in three areas (Atlanta, Baltimore City, and New York City) proportions of heroin drug reports were stable (less than a 1.0 percent difference between the years' values).

Table 12. Weighted Estimates[1] of Drug Misuse/Abuse-Related Emergency Department (ED) Visits Involving Heroin[2], and Rates per 100,000 Population for 11 CEWG Areas and the United States: 2004, 2009–2011

CEWG Areas	Estimated Numbers of ED Visits and (Rates per 100,000 Population) 2004	Estimated Numbers of ED Visits and (Rates per 100,000 Population) 2009	Estimated Numbers of ED Visits and (Rates per 100,000 Population) 2010	Estimated Numbers of ED Visits and (Rates per 100,000 Population) 2011	Percent and Direction of Change 2004–2011[3] (%)	Percent and Direction of Change 2009–2011[3] (%)	Percent and Direction of Change 2010–2011[3] (%)
Boston	10,295 (232.7)	11,517 (254.4)	10,493 (230.1)	14,057 (306.2)	—	+22	+34
Broward (Miami-Ft. Lauderdale)	NA[4]	459 (15.1)	358 (11.6)	394 (12.6)	…[5]	—	—
Chicago	21,921 (236.7)	20,710 (219.6)	24,360 (257.2)	24,627 (259.1)	—	—	—
Denver	768 (33,3)	1,320 (52.6)	1,559 (61.0)	1,894 (72.9)	+147	+44	+22
Detroit	3,236 (72.8)	6,584 (152.7)	6,597 (153.7)	6,643 (155.0)	+105	—	—
Miami-Dade	2,336 (99.0)	*[6]	*[6]	*[6]	…[5]	…[5]	…[5]
Minneapolis/St. Paul	1,189 (38.3)	1,855 (56.9)	2,256 (68.6)	3,493 (105.3)	+194	+88	+55
New York City	13,383 (166.4)	12,802 (157.4)	12,226 (149.3)	12,015 (145.7)	—	—	—
Phoenix	1,772 (48.7)	2,662 (64.1)	3,304 (78.5)	4,092 (96.0)	+131	+54	—
Seattle	…[7]	4,028 (118.0)	5,248 (152.2)	6,208 (177.4)	…[7]	+54	+18
San Francisco	2,424 (143.0)	1,224 (69.3)	1,242 (69.9)	731 (40.7)	-70	-40	-41
United States	214,432 (73.2)	213,118 (69.5)	224,706 (72.6)	258,482 (83.0)	—	—	—

[1]Estimates of ED visits are based on a representative sample of non-Federal, short-stay hospitals with 24-hour EDs in the United States.
[2]It should be noted that summing or combining visits for drugs, cocaine, heroin, methamphetamine, and other drugs, produces incorrect and inflated counts, since ED visits often involve multiple drug reports, and these visits will appear multiple times in the data tables.
[3]This column denotes statistically significant ($p<.05$) increases or decreases between estimates for the periods shown. Results of statistical testing were provided by SAMHSA. The symbol, "—" indicates no statistically significant changes in the estimates between the reporting periods shown.
[4]"NA" indicates that data were not available for this time period.
[5]The "*" indicates that the estimate has a relative standard error greater than 50 percent or the unweighted count or estimate is less than 30; it fails to meet standards of precision and is therefore suppressed.
[6]No significance tests could be performed due to lack of data for 1 or both of the comparison years.
[7]Seattle data for 2004 may not be comparable with data for 2009–2011, and comparisons of ED visits and ED visit rates for that area are not reported here.
SOURCE: DAWN, SAMHSA

Figure 9. Heroin Drug Reports Identified Among Drug Items Seized and Analyzed in NFLIS Forensic Laboratories, as a Percentage of Total NFLIS Drug Reports[1], in 25 CEWG Areas and the United States: 2012[2]



[1]NFLIS methodology allows for the accounting of up to three drug reports per item submitted for analysis. The data presented are a combined count including primary, secondary, and tertiary reports for each selected drug item seized and analyzed.
[2]Data are for calendar year 2012 (CY 2012), January–December; see appendix tables 3.1–3.26. Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.
SOURCE: NFLIS, DEA, data for all areas were retrieved on May 7–9, 2013

HDMP Price and Purity:

- In **2011,** the **average percent purity of South American heroin** seized and identified by the DEA in the HDMP ranged from lows of 13.6 and 13.8 percent pure for Chicago and Baltimore, respectively, to a high of 63.6 percent pure for Philadelphia (table 13; figure 10). **Purity of Mexican heroin seized** in the HDMP in **2011** ranged from 3.9 percent pure in Houston, San Francisco, and Seattle to a high of 36.6 percent pure in San Diego (table 14; figure 11).

- The **average price per milligram pure of heroin from South American sources** in **2011** ranged from a low of $0.54 in Detroit to a high of $2.27 in Miami (table 13; figure 10), while the **average price per milligram pure for Mexican heroin** in **2011** ranged from $0.37 in San Diego to $5.94 in Houston (table 14; figure 11).

- Of the 10 CEWG areas for which **South American heroin purity** data were available for the entire period from **2007 to 2011,** 3 areas showed increases in **purity** over the period, while the other 7 showed declines. The largest 5-year increase was in St. Louis (9.1 percentage points), while the greatest percentage-point decrease was in New York City, at 11.5. Over the same period, **prices for South American heroin** per milligram pure rose in six and fell in four areas. Miami showed by far the largest increase in price between 2007 and 2011, at $0.79, while Atlanta showed a decline in price of $0.85. In the more recent period from **2010 to 2011,** five reporting areas showed increases in **South American heroin purity,** including Baltimore, Boston, Miami, New York City, and Philadelphia. Four areas showed decreases in purity—Atlanta, Chicago, St. Louis, and Washington, DC.—while in one area, Detroit, purity values were stable over the 2-year period. The highest percentage increase in purity was for Philadelphia, at 22.7 percentage points, and the largest decrease in purity was for St. Louis, at 9.0 percentage points. **South American heroin prices** per milligram pure declined in six areas (Baltimore, Boston, Chicago, Detroit, Miami, and Philadelphia) and rose in four areas (Atlanta, New York City, St. Louis, and Washington, DC) in the 2-year period from **2010 to 2011**. Washington, DC, prices rose by $0.37 at the upper end, while Miami had the highest decline, at $3.78, for the period (table 13; figure 10).

- The mixed trends for South American heroin price and purity over the 5- and 2-year time periods presented are different from the more uniform patterns of decline for both price and purity in **Mexican heroin** over the two comparison periods. Of the nine CEWG areas for which HDMP data were available for the 5-year period from **2007 to 2011,** all but one (San Antonio) showed declines in **purity,** ranging from a 3.1-percentage-point decline in Houston to a 29.6-percentage-point decline for Phoenix. Average **prices** per milligram pure for Mexican heroin fell in two of nine reporting areas from 2007 to 2011, with declines of $0.25 in Dallas and $1.03 in San Antonio. Increases in 7 areas ranged from $0.12 per milligram pure in San Francisco to $4.28 in Houston. In the more recent 2-year period (**2010–2011**), percent **purity of Mexican heroin** rose in 5 areas (Denver, Houston, San Antonio, San Diego, and Seattle), with the largest increase of 12.1 percentage points in San Diego. Average purity declined in 5 areas—Albuquerque, Dallas, Los Angeles, San Antonio, and Seattle. In 2010–2011, **Mexican heroin prices** per milligram pure fell in 9 of 10 reporting areas (with the exception of Los Angeles, where it rose slightly by $0.27). Declines in Mexican heroin prices ranged from $0.03 in Denver to $0.92 in San Francisco (table 14; figure 11).

Table 13. Average Purity (Percent Pure) and Average Price (Per Milligram Pure) of South American (SA) Heroin, DEA, HDMP: 2007–2011, and Percentage-Point Changes for 2 Time Periods: 2007–2011 and 2010–2011[1]

CEWG Areas	SA	Average Purity (%)				2007–2011	2010–2011
	2007	2008	2009	2010	2011		
Atlanta	29.1	31.1	32.2	29.1	25.5	-3.6	-3.6
Baltimore	18.1	18.9	14.1	7.5	13.8	-4.3	+6.3
Boston	17.0	17.0	15.2	15.2	16.4	-0.6	+1.2
Chicago	22.4	23.8	26.6	13.8	13.6	-8.8	-0.2
Detroit	46.0	45.3	64.3	36.4	36.2	-9.8	-0.2[2]
Miami	18.1	26.1	20.6	10.2	22.1	+4.0	+11.9
New York City	49.0	47.1	44.1	31.6	37.5	-11.5	+5.9
Philadelphia	56.3	55.4	49.8	40.9	63.6	+7.3	+22.7
St. Louis	21.0	16.6	30.9	39.1	30.1	+9.1	-9.0
Washington, DC	19.5	18.1	31.1	24.8	16.2	-3.3	-8.6
CEWG Areas	**SA**	**Average Price (Per mg Pure)**				**2007–2011**	**2010–2011**
	2007	**2008**	**2009**	**2010**	**2011**		
Atlanta	$1.89	$1.31	$0.80	$1.01	$1.04	-$0.85	+$0.03
Baltimore	$0.60	$0.42	$0.48	$1.34	$0.62	+$0.02	-$0.72
Boston	$1.37	$1.62	$1.38	$2.22	$1.34	-$0.03	-$0.88
Chicago	$0.45	$0.37	$0.37	$1.27	$0.58	+$0.13	-$0.69
Detroit	$0.98	$0.56	$1.26	$0.67	$0.54	-$0.44	-$0.13
Miami	$1.48	$1.75	$1.63	$6.05	$2.27	+$0.79	-$3.78
New York City	$0.79	$0.66	$0.85	$0.92	$0.99	+$0.20	+$0.07
Philadelphia	$0.71	$0.60	$1.56	$0.92	$0.60	-$0.11	-$0.32
St. Louis[3]	$0.80	$1.32	$0.95	$0.83	$1.17	+$0.37	+$0.34
Washington, DC	$1.34	$1.45	$1.05	$1.17	$1.54	+$0.20	+$0.37

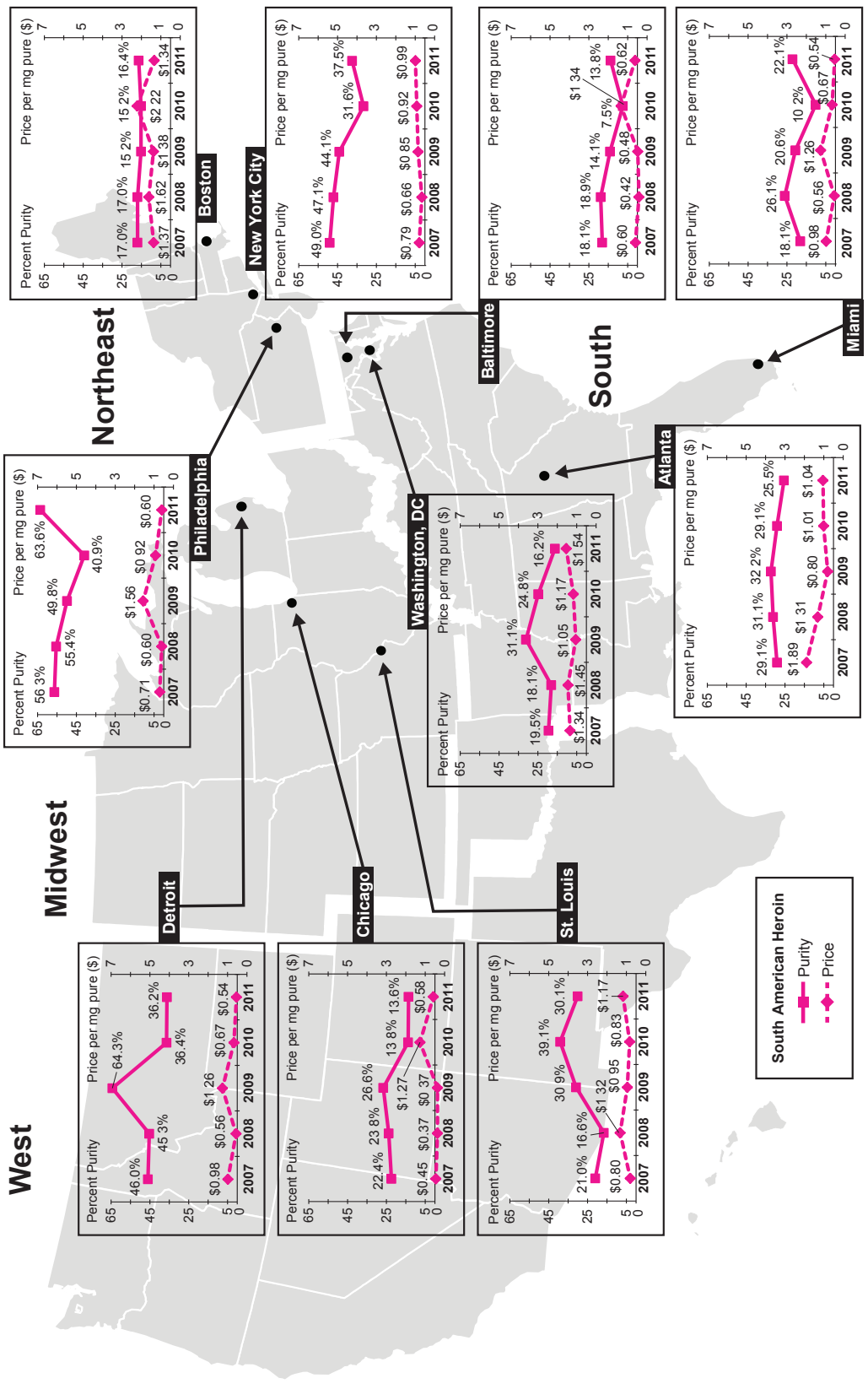
[1]The following number of samples form the basis for 2011 averages: Atlanta, 13; Baltimore, 17; Boston, 24; Chicago, 16; Detroit, 15; Miami, 14; New York City, 56; Philadelphia, 29; St. Louis, 18; and Washington, DC, 74. Two other areas—Phoenix (*n*=1), San Diego (*n*=1)—had samples of SWA heroin. The following purity and price levels were reported for those two areas: Phoenix, 83.4 percent and $0.01, and San Diego, 65.3 percent and $0.25.
[2]The average purity value for Detroit was less than 1.0 percent different (lower) in 2011 than in 2010; it was assessed, therefore, as stable over the period (designated in green, rather than blue for increase or black for decrease).
[3]In 2005, SA rather than Mexican heroin emerged for the first time as the predominant form of heroin in St. Louis. However, in 2006, Mexican heroin reestablished itself as the predominant form. In 2007, 2008, and 2009, SA heroin was again the predominant form purchased in St. Louis. In 2010 and 2011, the only purchases for St. Louis were of SA heroin.
SOURCE: DEA, *2011 HDMP Drug Intelligence Report,* March 2013

Table 14. Average Purity (Percent Pure) and Average Price (Per Milligram Pure) of Mexican (MX) Heroin, DEA, HDMP: 2007–2011, and Percentage-Point Changes for 2 Time Periods: 2007–2011 and 2010–2011[1]

CEWG Areas	MX	Average Purity (%)				2007–2011	2010–2011
	2007	2008	2009	2010	2011		
Albuquerque	—	—	—	18.3	15.8	—	-2.5
Dallas	20.6	13.5	21.6	15.5	13.2	-7.4	-2.3
Denver	47.6	47.8	40.7	19.7	22.9	-24.7	+3.2
Houston	7.0	6.2	6.0	3.1	3.9	-3.1	+0.8
Los Angeles	24.0	21.0	18.1	22.7	20.8	-3.2	-1.9
Minneapolis	59.9	54.7	53.3	—	—	—	—
Phoenix	56.9	60.5	46.1	27.9	27.3	-29.6	-0.6
St. Louis	3.1	3.6	40.0	—	—	—	—
San Antonio	7.1	7.6	8.7	7.7	8.1	+1.0	+0.4
San Diego[2]	43.7	39.6	32.3	24.5	36.6	-7.1	+12.1
San Francisco	8.1	7.8	5.8	5.7	3.9	-4.2	-1.8
Seattle	19.5	9.4	5.2	3.5	3.9	-15.6	+0.4
CEWG Areas	**MX**	**Average Price (Per mg Pure)**				**2007–2011**	**2010–2011**
	2007	**2008**	**2009**	**2010**	**2011**		
Albuquerque	—	—	—	$0.82	$0.73	—	-$0.09
Dallas	$1.09	$0.93	$0.91	$1.31	$0.84	-$0.25	-$0.47
Denver	$0.28	$0.24	$0.37	$0.71	$0.68	+0.40	-$0.03
Houston	$1.66	$3.05	$3.42	$6.77	$5.94	+4.28	-$0.83
Los Angeles	$0.32	$0.84	$0.54	$0.60	$0.87	+0.55	+$0.27
Minneapolis	$0.29	$0.26	$0.25	—	—	—	—
Phoenix	$0.31	$0.29	$0.46	$0.79	$0.65	+0.34	-$0.14
St. Louis	$6.95	$4.87	$2.00	—	—	—	—
San Antonio	$1.88	$1.42	$1.03	$1.09	$0.85	-$1.03	-$0.24
San Diego[2]	$0.20	$0.27	$0.32	$0.42	$0.37	+0.17	-$0.05
San Francisco	$1.28	$1.07	$2.09	$2.32	$1.40	+0.12	-$0.92
Seattle	$1.12	$1.47	$2.01	$2.56	$2.05	+0.93	-$0.51

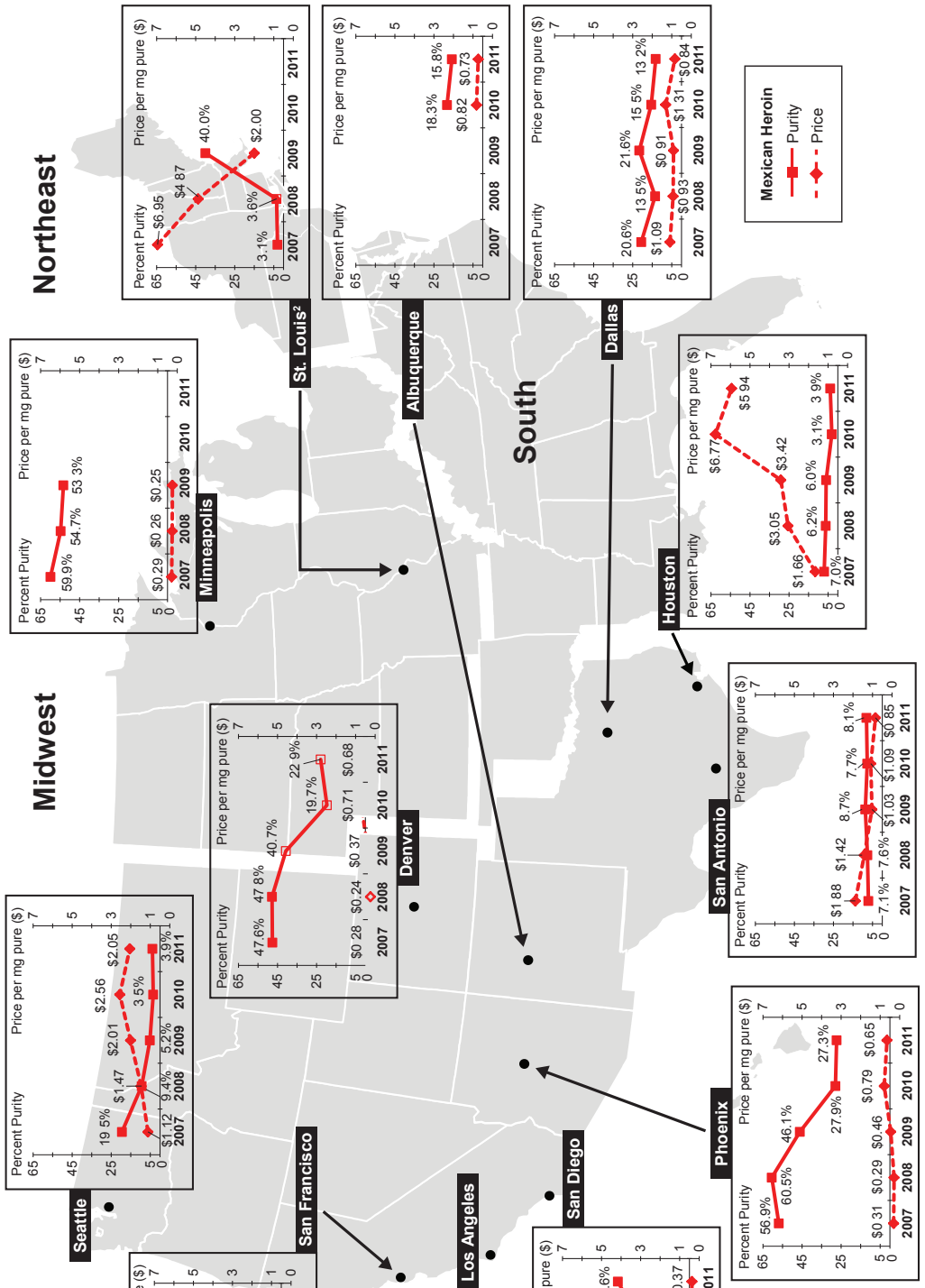
[1]South American heroin was the most dominant form of heroin reported in 2005, 2007, 2008, and 2009 in St. Louis, while Mexican heroin predominated in that area in 2006. Therefore, Mexican heroin purchase data for St. Louis are included in this table for earlier years. However, no Mexican heroin purchases were made in St. Louis in the HDMP in 2010 and 2011.
[2]The following number of samples form the basis for 2011 averages: Dallas, 36; Denver, 37; Houston, 18; Los Angeles, 35; Minneapolis, 0; Phoenix, 16; San Antonio, 13; San Diego, 33; San Francisco, 29; and Seattle, 29. Five other areas—Atlanta (*n*=2), Baltimore (*n*=4), Miami (*n*=2), New York City (*n*=1), and Washington, DC (*n*=4)—had samples of Mexican heroin. The following purity and price levels were reported for those respective areas: 22.2 percent, $1.73; 3.2 percent, $4.32; 14.1 percent, $2.49; 11.5 percent, $4.14; and 5.6 percent, $3.33 in 2011.
SOURCE: DEA, *2011 HDMP Drug Intelligence Report,* March 2013

Figure 10. Average Percent Purity and Average Price per Milligram Pure of South American Heroin in 10 CEWG Areas: 2007–2011[1]



[1]Data are for calendar years 2007–2011 (January–December of each year). See *Volume I: Highlights and Executive Summary*, June 2013, for more information.
SOURCE: DEA, *2011 HDMP Drug Intelligence Report*, published March 2013

Figure 11. Average Percent Purity and Average Price per Milligram Pure of Mexican Heroin in 13 CEWG Areas: 2007–2011[1]



[1]Data are for calendar years 2007–2011 (January–December of each year). See *Volume I: Highlights and Executive Summary*, June 2013, for more information.
[2]While South American heroin was the most dominant form of heroin reported for St. Louis from 2007 to 2011, Mexican heroin predominated there in 2006. Therefore, Mexican purchase data for St. Louis are shown on this map for 2007–2009, even though no Mexican heroin purchase data were reported for St. Louis in the HDMP in 2010 or 2011.
SOURCE: DEA, *2011 HDMP Drug Intelligence Report*, published March 2013

Prescription Opioids/Opiates Other Than Heroin

All CEWG area representatives reporting on prescription opioids/opiates other than heroin except two (from Seattle and South Florida/Miami-Dade and Broward Counties) reported increasing, stable, or mixed indicators for other opiates/opioids in 2012. Increasing indicators were reported in the Baltimore/Maryland/Washington, DC, area; Chicago; Denver/Colorado; New York City; San Francisco; and Texas. Stable indicators were reported in Cincinnati, Los Angeles, Minneapolis/St. Paul, St. Louis, and San Diego. Indicators were mixed (with some increasing, some decreasing, and some stable) in Albuquerque/New Mexico, Atlanta, Boston, Detroit, Maine, Philadelphia, and Phoenix. While deaths related to prescription opioids/opiates other than heroin decreased in the Seattle and South Florida/Miami-Dade and Broward Counties areas, other indicators remained high relative to other drugs in both areas. Hydrocodone and oxycodone continued to be the prescription opioids appearing most frequently in indicator data in 2012, but buprenorphine, carisoprodol, and methadone also continued to be reported in several CEWG areas. An increase in fentanyl reports among analyzed drug items was reported in Seattle.

- **Western Region:** Three of the nine western CEWG areas—**Denver/Colorado, San Francisco,** and **Texas**—reported increasing indicators for other prescription opioids/opiates other than heroin in 2012, when compared with 2011. Indicators for other prescription opioids/opiates other than heroin were reported by the area representatives as mixed (with some increasing, some decreasing, and some stable) for the reporting period in the **Albuquerque/New Mexico** and **Phoenix** areas. In **Los Angeles** and **San Diego,** area representatives reported low levels relative to other drugs and stable indicators for 2012 when compared with 2011. The area representative from **Seattle** reported mostly decreasing indicators for prescription opioids/opiates other than heroin when compared with 2011. The area representative from **Texas** continued to report on the abuse in the State of codeine cough syrup and products that imitate codeine cough syrup, along with the continuing popularity of the drug combination of hydrocodone, alprazolam, and carisoprodol, which is called the “Houston Cocktail.”

- **Midwestern Region:** One area representative from the Midwest, **Chicago,** reported increasing indicators for prescription opioids/opiates other than heroin for the current reporting period. High and stable indicators for prescription opioids/opiates other than heroin in 2012, compared with 2011, were reported by the area representatives from **Cincinnati** and **Minneapolis/St. Paul**. In **Detroit,** indicators for prescription opioids/opiates other than heroin were mixed in 2012 compared with 2011), according to the area representative.

- **Northeastern Region:** The area representative from **Maine** reported continuing high levels for prescription opioids/opiates other than heroin in the State relative to other drugs in the current reporting period. Indicators in Maine for prescription opioids/opiates other than heroin were mixed, however, in 2012 compared with 2011, with treatment admissions, pharmaceutical robberies, impaired drivers, and arrests increasing overall, deaths decreasing, and mixed NFLIS results. Indicators continued to be reported as low relative to other drugs in **New York City,** but increases in some indicators (prescription opioid-involved ED visits from 2004 and 2009 to 2011, numbers of prescriptions from 2011 to 2012, and unintentional opioid analgesic poisoning deaths from 2005 to 2011 were identified by the area representative as a key finding for New York City for 2012. In **Boston** and **Philadelphia,** the area representatives reported moderate levels for prescription

opioids/opiates other than heroin and mixed indicators (with some stable, some increasing, and some decreasing).

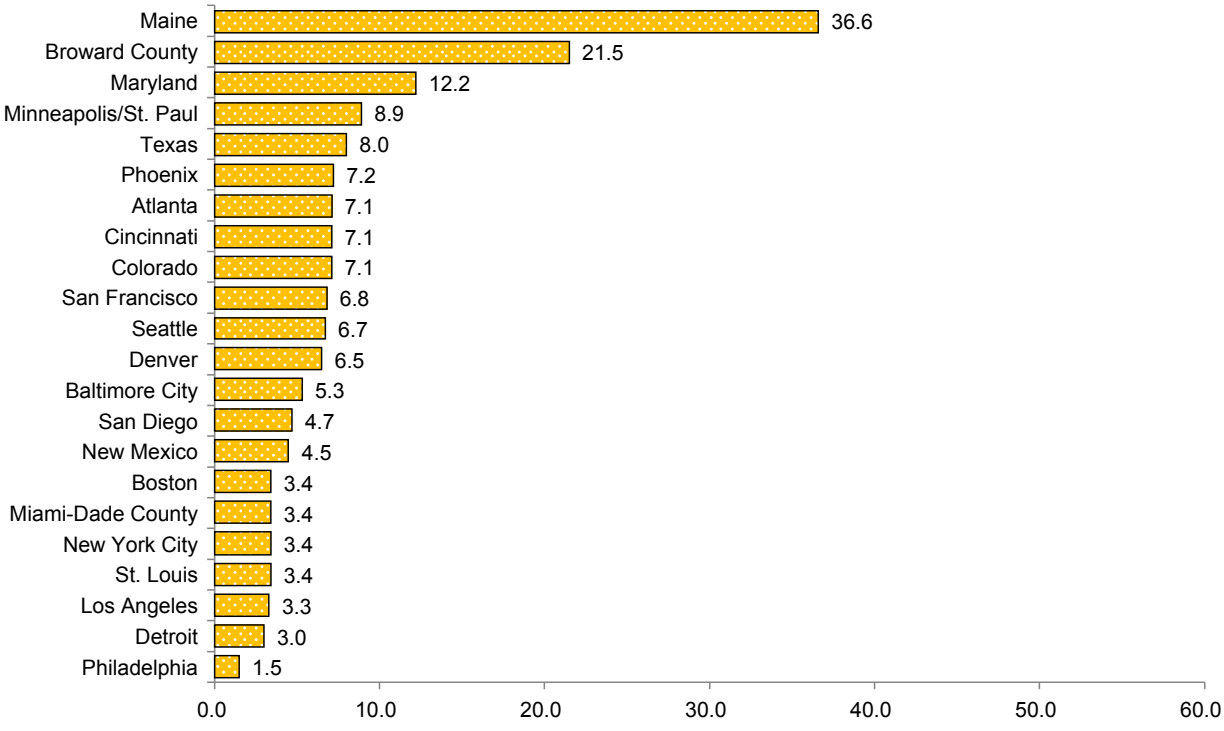
- **Southern Region:** In the southern CEWG region, the representative from the **Baltimore/Maryland/Washington, DC,** area reported mostly increasing indicators in 2012 from previous reporting periods for other prescription opioids/opiates other than heroin. Mixed indicators were reported for 2012 in **Atlanta**. Indicators were high but mostly declining in 2012 from 2011 in the **South Florida/Miami-Dade and Broward Counties** area, according to the representative.

Other Highlights – Cross-Area Data Sources:

Treatment Admissions:

- Primary treatment admissions for prescription opioids/opiates other than heroin **ranked** first in proportions of total substance abuse treatment admissions in 1 of the 22 CEWG areas with data for 2012; that area was Maine (table 1). Maine had the highest percentage of 2012 treatment admissions with the primary substance abuse problem of prescription opioids, at 36.6 percent, while Philadelphia had the lowest, at 1.5 percent (table 15; figure 12).

Figure 12. Primary Treatment Admissions for Prescription Opioids/Opiates Other Than Heroin, as a Percentage of Total Treatment Admissions, in 22 CEWG Areas[1]: 2012[2]



[1]These treatment admissions data are provided by area representatives for cross-area reporting from June CEWG meeting area reports. Appendix table 2 contains details of these data for each area and descriptions of populations covered. The data presented are treatment admissions for which the primary drug of abuse is reported as opiates or opioids other than heroin.
[2]Data are for calendar year 2012 (January through December) for all areas except Detroit, where data are for fiscal year 2012 (October 2011 through September 2012).
SOURCE: CEWG area reports, June 2013 meeting

Table 15. Primary Treatment Admissions for Prescription Opioids/Opiates Other Than Heroin in 22 CEWG Areas, as a Percentage of Total Substance Abuse Admissions, Including Primary Alcohol Admissions[1]: 2012[2]

CEWG Areas[3]	Primary Prescription Opioid Admissions	Percentage of Total Admissions
	#	%
Albuquerque/New Mexico	149	4.5
Atlanta	629	7.1
Baltimore City	840	5.3
Boston[4]	518	3.4
Cincinnati	249	7.1
Colorado	2,306	7.1
Denver	909	6.5
Detroit	249	3.0
Los Angeles	1,504	3.3
Maine	4,698	36.6
Maryland	6,785	12.2
Minneapolis/St. Paul	1,879	8.9
New York City	2,545	3.4
Philadelphia	125	1.5
Phoenix[4,5]	693	7.2
St. Louis	440	3.4
San Diego	670	4.7
San Francisco	1,523	6.8
Seattle	678	6.7
South Florida/Broward County	1,260	21.5
South Florida/Miami-Dade County	139	3.4
Texas[6]	5,890	8.0

[1]More information on these data is available in the footnotes and notes for appendix table 2.
[2]Data are for calendar year 2012 (January through December) for all areas except Detroit, where data are for fiscal year 2012 (October 2011 through September 2012).
[3]Heroin and other opiates were grouped together in Cincinnati treatment data until 2012; here, however, they are reported separately. Data for this table were not reported for Hawaii. For further information see appendix table 2.
[4]Treatment data for Boston do not include admissions younger than 14. Treatment data for Phoenix do not include admissions younger than 18.
[5]Heroin is combined with morphine in Phoenix treatment admissions data.
[6]Texas treatment data reported in this June 2013 *Highlights and Executive Summary Report* are the data reported at the June 2013 CEWG meeting. They differ from those reported later as updates by the area representative in the Texas full area report appendix that is included in the June 2013 Volume II compilation of full area reports (see that appendix for updated numbers).
SOURCE: June 2013 State and local CEWG reports

- **Gender of Treatment Admissions for Prescription Opioids.** A majority of primary admissions for prescription opioids/opiates other than heroin were **male** in 14 of 21 reporting CEWG areas, with the highest male percentages in New York City (70.6 percent) and Philadelphia (64.8 percent). However, **females** predominated slightly over males in Atlanta, Baltimore City, Cincinnati, Denver, Detroit, Phoenix, and Seattle among treatment admissions for prescription opioids (table 16).

- **Age of Treatment Admissions for Prescription Opioids.** In only 2 of 19 CEWG areas reporting, namely Detroit and Los Angeles, a majority of treatment admissions for primary prescription opioids were in the **oldest age group** (**age 35 or older** in Los Angeles, at 57.5 percent, and age 36 and older in Detroit, at 52.2 percent). Clients **age 25 and younger** were more highly represented among admissions for prescription opioids in Maryland (41.8 percent) than in other CEWG areas (table 16).

- In 17 areas reporting treatment admissions data for **prescription opioids** from **2008 to 2012,** increases were noted for all but 1 area (Boston, which had a decrease of less than 1.0 percentage point). Increases ranged from less than 1.0 percentage point in Philadelphia and San Diego to a high of 6.5 percentage points in Maryland and 5.9 percentage points in Maine (table 17; figure 13).

- In the 20 CEWG reporting areas with data for **2011 and 2012** treatment admissions for prescription opioids, increases in proportions of these admissions were noted for 12 areas, with San Francisco showing the largest increase (3.6 percentage points). The majority of the other areas showed increases of less than 1.0 percentage point. In Boston, Minneapolis/St. Paul, Philadelphia, and the South Florida Counties of Broward and Miami-Dade, proportions of primary prescription opioid admissions declined in the 2 years. There was no change in admission percentages for Atlanta, Detroit, and Maryland in the period (table 17; figure 13).

Table 16. Demographic Characteristics of Primary Treatment Admissions for Prescription Opioids/Opiates Other Than Heroin in 21 CEWG Areas as a Percentage[1] of Primary Admissions for Prescription Opioids: 2012[2]

CEWG Areas[3]	Gender[4]		Age Group	
	Male	Female	Younger Than 26	35 and Older
Albuquerque/New Mexico	57.0	43.0	33.6	28.9
Atlanta	47.5	52.5	21.6	37.2
Baltimore City	49.8	50.2	21.5	49.6
Boston[5]	63.5	36.5	19.7	39.8
Cincinnati	45.0	55.0	28.5[6]	25.7
Colorado	51.4	48.6	32.0	32.4
Denver	48.2	51.8	25.6	38.1
Detroit	41.8	58.2	16.9	52.2[7]
Los Angeles	53.1	46.9	16.2	57.5
Maine	51.3	48.7	26.3	28.0
Maryland	53.4	46.6	41.8	26.6
Minneapolis/St. Paul	52.2	47.8	28.9	38.7
New York City	70.6	29.4	35.6	32.7
Philadelphia	64.8	35.2	27.2	28.0
Phoenix[5]	38.4	61.6	17.2	38.8
St. Louis	56.1	43.9	28.4	30.2
San Diego	54.8	45.2	14.9	45.8
San Francisco	56.9	43.1	26.9	37.9
Seattle	43.4	56.6	28.0	23.6[8]
South Florida/Broward County	57.1	42.9	—[3]	—[3]
South Florida/Miami-Dade County	56.8	43.2	—[3]	—[3]

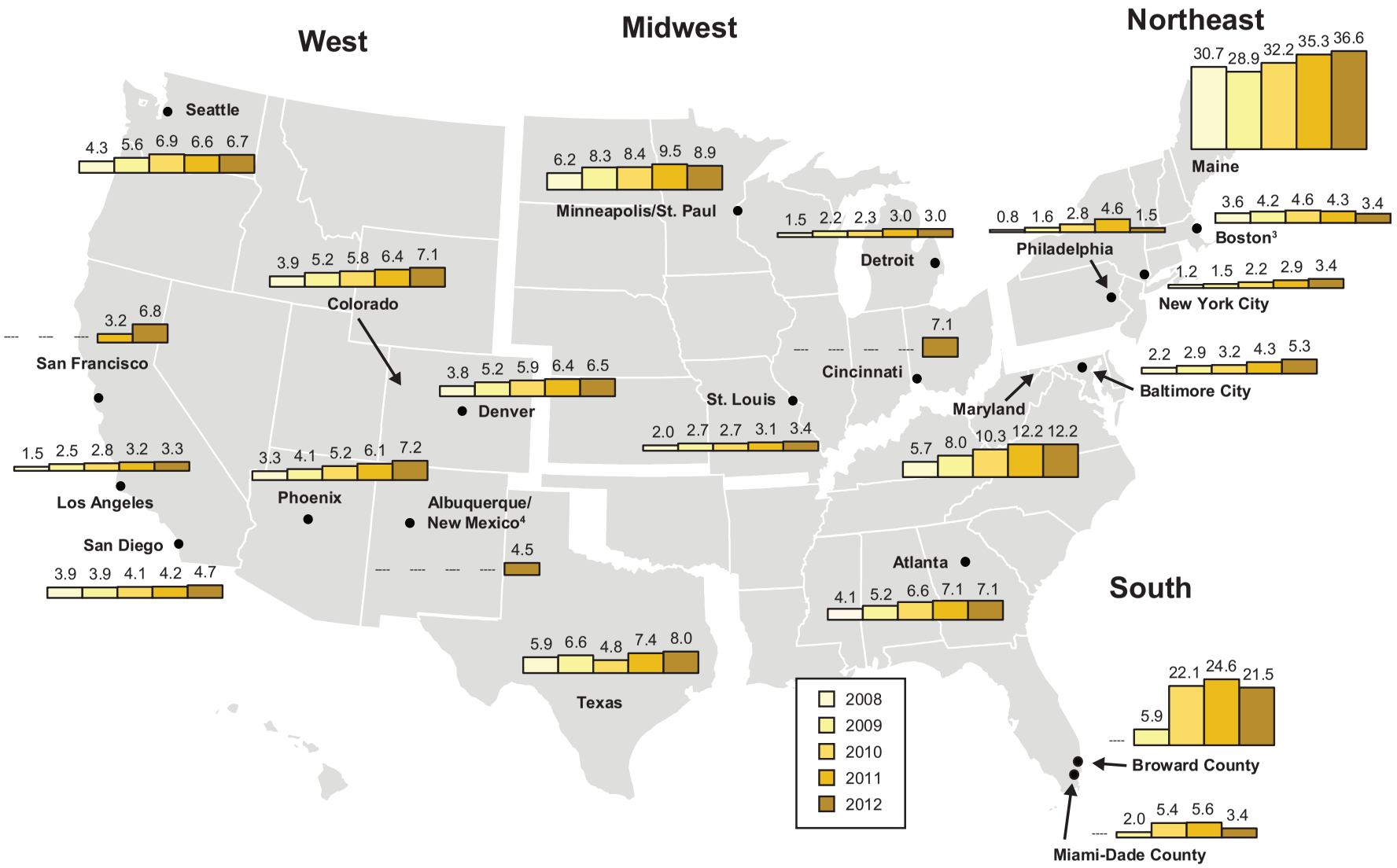
[1]Percentages are rounded to one decimal place.
[2]Data are for calendar year 2012 (January through December) for all areas except Detroit, where data are for fiscal year 2012 (October 2011 through September 2012).
[3]Data for this table were not available for Hawaii or Texas. Data for South Florida/Broward and Miami-Dade Counties contained 434 and 139 cases of unknown age, respectively. These data are excluded from this table.
[4]Percentages may not add to 100 percent due rounding.
[5]Treatment data for Boston do not include admissions younger than 14. Phoenix treatment data exclude admissions younger than 18.
[6]Treatment admissions in Cincinnati are younger than 24.
[7]Data for Detroit are for clients age 36 and older.
[8]Data from Seattle are for clients age 40 and older.
SOURCE: June 2013 State and local CEWG reports

Table 17. Treatment Admissions with a Primary Substance Abuse Problem With Prescription Opioids/Opiates Other Than Heroin in 20 CEWG Areas, as a Percentage of Total Admissions, Including Primary Alcohol Admissions, and Percentage-Point Changes for 2 Time Periods: 2008–2012 and 2011–2012[1]

CEWG Areas[2]	Years (in Percent)					Percentage-Point Change	
	2008	2009	2010	2011	2012	2008–2012	2011–2012
Atlanta[3]	4.1	5.2	6.6	7.1	7.1	+3.0	0.0
Baltimore City[3]	2.2	2.9	3.2	4.3	5.3	+3.1	+1.0
Boston[3,4]	3.6	4.2	4.6	4.5	3.4	-0.2	-1.1
Colorado	3.9	5.2	5.8	6.4	7.1	+3.2	+0.7
Denver	3.8	5.2	5.9	6.4	6.5	+2.7	+0.1
Detroit	1.5	2.2	2.3	3.0	3.0	+1.5	0.0
Los Angeles	1.5	2.5	2.8	3.2	3.3	+1.8	+0.1
Maine	30.7	28.9	32.2	35.3	36.6	+5.9	+1.3
Maryland[3]	5.7	8.0	10.3	12.2	12.2	+6.5	0.0
Minneapolis/St. Paul	6.2	8.3	8.4	9.5	8.9	+2.7	-0.6
New York City	1.2	1.5	2.2	2.9	3.4	+2.2	+0.5
Philadelphia[3]	0.8	1.6	2.8	4.6	1.5	+0.7	-3.1
Phoenix[4]	3.3	4.1	5.2	6.1	7.2	+3.9	+1.1
St. Louis	2.0	2.7	2.7	3.1	3.4	+1.4	+0.3
San Diego	3.9	3.9	4.1	4.2	4.7	+0.8	+0.5
San Francisco	—[5]	—[5]	—[5]	3.2	6.8	—[6]	+3.6
Seattle	4.3	5.6	6.9	6.6	6.7	+2.4	+0.1
South Florida/Broward County	—[7]	5.9	22.1	24.6	21.5	—[6]	-3.1
South Florida/Miami-Dade	—[7]	2.0	5.4	5.6	3.4	—[6]	-2.2
Texas[3]	5.9	6.6	4.8	7.4	8.0	+2.1	+0.6

[1]Calendar year (January though December) for all areas except Detroit, where data for 2008–2011 are calendar year, and 2012 data are fiscal year (October 2011 through 2012).
[2]In Cincinnati, data prior to 2012 (when the value was 7.1 percent) did not allow heroin and other opiate admissions to be distinguished and are therefore not reported. Albuquerque/New Mexico data were not available for years prior to 2012, when the percentage of heroin treatment admissions for New Mexico was 4.5 percent.
[3]Data for these areas do not match data contained in previous June reports, as these data were updated by the area representatives.
[4]Treatment data for Boston do not include admissions younger than 14. Treatment data for Phoenix do not include admissions younger than 18.
[5]San Francisco data were not comparable over the period due to changes in reporting in 2010.
[6]Percentage-point changes could not be calculated due to missing data.
[7]South Florida/Broward and Miami-Dade Counties 2008 data were not comparable with 2009 and later data, since they represent discharges not admissions.
SOURCES: June 2013 State and local CEWG reports; *June 2012 Highlights and Executive Summary Volume I* CEWG report, p. 61; *June 2011 Highlights and Executive Summary Volume I* CEWG report, p. 92; *June 2010 Highlights and Executive Summary Volume I* CEWG report, p. 73; and *June 2009 Highlights and Executive Summary Volume I* CEWG report, p. 54

Figure 13. Primary Prescription Opioids/Opiates Other Than Heroin Treatment Admissions as a Percentage of Total Treatment Admissions in 22 CEWG Areas in 4 U.S. Regions[1]: 2008–2012[2]



[1]These treatment admissions data are provided by area representatives for cross-area reporting from June CEWG meeting area reports. The data presented are treatment admissions for which the primary drug of abuse is reported as prescription opioids/opiates other than heroin (see appendix table 2 for more information on geographic coverage and completeness of these data).

[2]Data are for calendar years (January through December) from 2008 through 2012 for all areas, except Detroit, where data for 2008–2011 are for calendar years, and 2012 data are fiscal year (October 2011 through September 2012).

[3]Boston data for 2008–2011 do not match data shown in previous June reports, as these data were updated by the area representative.

[4]Data for the Albuquerque/New Mexico area are for New Mexico only and were not available prior to 2012.

SOURCE: CEWG area reports, June 2009–2013 meetings

DAWN ED Visits:

- All nine reporting areas and the United States experienced statistically significant increases in estimated ED visits involving nonmedical use of pharmaceuticals involving opiates/opioids over the 7-year period from **2004 to 2011**. Estimated ED visits involving the nonmedical use of pharmaceuticals involving opiates/opioids increased by highs of 333 percent in Denver and 224 percent in Detroit to low increases of 79 percent in Boston and 83 percent in Chicago. Estimated ED visits in the United States also increased from 2004 to 2011 by 183 percent.

- Increases were noted in two areas in the 2-year period from **2010 to 2011**—Detroit (by 9 percent) and New York City (by 4 percent). None of the CEWG areas showed declines in this period (table 18). Nine other areas and the United States had stable proportions and rates per 100,000 population in this time period.

- In the 3-year period from **2009–2011,** ED visits involving nonmedical use of pharmaceuticals involving opiates/opioids increased in 8 areas—Boston, Chicago, Denver, Detroit, Minneapolis/St. Paul, New York City, Phoenix, and Seattle—with the largest increase for Minneapolis/St. Paul, at 37 percent. Three other areas and the United States had stable proportions and rates (table 18).

NFLIS Drug Reports:

- Of the drug reports identified as containing **prescription opioids**/opiates other than heroin among drug items seized and analyzed by forensic laboratories across CEWG areas in **2012,** oxycodone and hydrocodone were the two most frequently reported in most areas. However, neither drug accounted for more than 15 percent of total drug reports in any area, and in most areas (16 of 25 areas for oxycodone and 20 of 25 areas for hydrocodone), they accounted for less than 3.0 percent of total drug reports in 2012 (table 19; appendix table 3).

- **Oxycodone ranked** second among total drug reports in **2012** in NFLIS forensic laboratory data in one CEWG area, Maine. In Maine, 15.3 percent of drug reports among drug items seized and analyzed were identified as oxycodone in 2012 (table 2; table 19; figure 14).

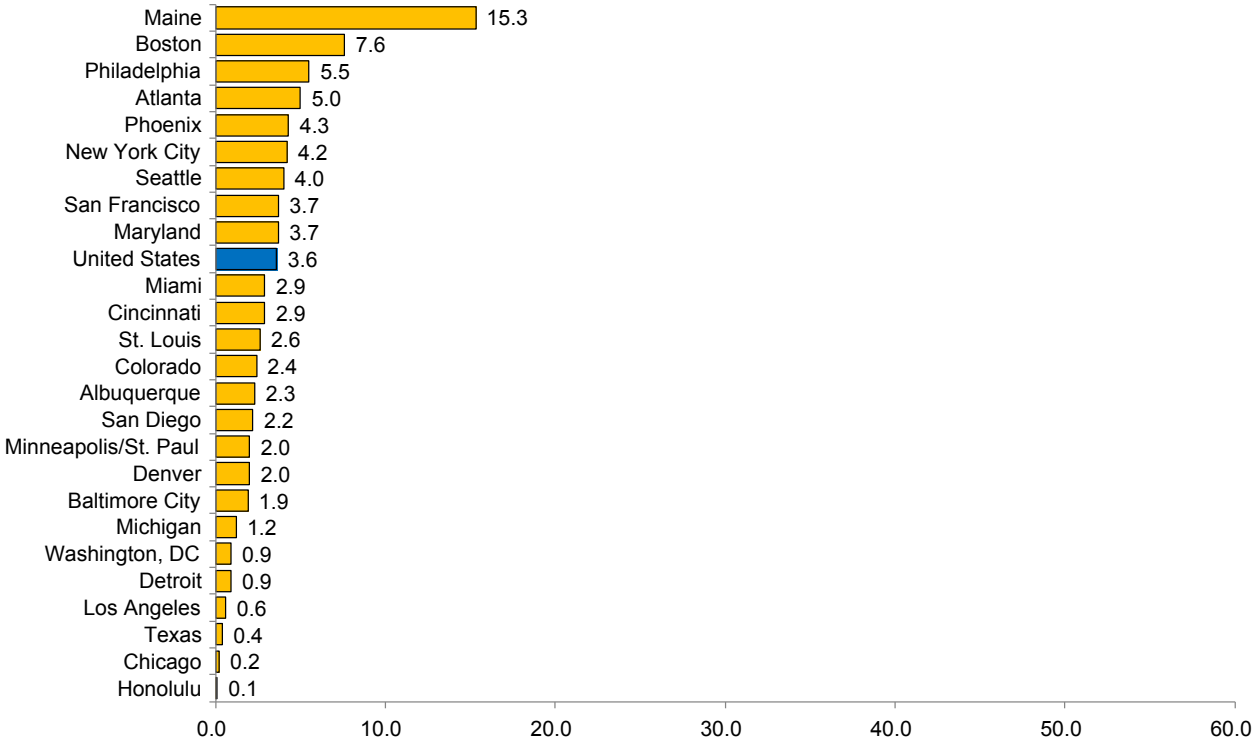
- **Hydrocodone** did not **rank** among the top 2 drug reports in any of the 25 CEWG areas in **2012** (table 2; appendix table 3). The highest percentage of hydrocodone drug reports was in Texas, at 4.1 percent; the lowest percentage was in Washington, DC, at 0.1 percent (table 19; figure 15).

Table 18. Weighted Estimates[1] of Emergency Department (ED) Visits[2] for Nonmedical Use of Pharmaceuticals[3] Involving Opiates/Opioids, and Rates per 100,000 Population, for 11 CEWG Areas and the United States: 2004, 2009–2011

CEWG Areas	Estimated Numbers of ED Visits and (Rates per 100,000 Population) 2004	Estimated Numbers of ED Visits and (Rates per 100,000 Population) 2009	Estimated Numbers of ED Visits and (Rates per 100,000 Population) 2010	Estimated Numbers of ED Visits and (Rates per 100,000 Population) 2011	Percent and Direction of Change 2004–2011[4] (%)	Percent and Direction of Change 2009–2011[4] (%)	Percent and Direction of Change 2010–2011[4] (%)
Boston	3,982 (90.1)	6,258 (138.2)	6,661 (146.1)	7,145 (155.6)	+79	+14	—
Broward (Miami-Ft. Lauderdale)	NA[5]	2,913 (95.8)	3,299 (107.3)	3,699 (118.7)	…[6]	—	—
Chicago	4,964 (53.6)	7,074 (75.0)	8.091 (85.4)	9,066 (95.4)	+83	+28	—
Denver	851 (36.9)	3,007 (119.8)	3,403 (133.2)	3,682 (141.6)	+333	+22	—
Detroit	2,725 (61.3)	7,628 (176.9)	8,128 (189.4)	8,822 (205.8)	+224	+18	+9
Miami-Dade	465 (19.7)	824 (33.4)	836 (33.4)	1,084 (42.4)	+133	—	—
Minneapolis/St. Paul	1,878 (60.5)	3,822 (117.2)	4,776 (145.3)	5,218 (157.2)	+178	+37	—
New York City	3,620 (45.0)	8,058 (99.1)	9,339 (114.1)	9,709 (117.8)	+168	+20	+4
Phoenix	2,629 (72.3)	5,883 (141.6)	6,947 (165.0)	7,488 (175.6)	+185	+27	—
Seattle	…[7]	5,941 (174.0)	7,286 (211.3)	6,202 (177.2)	…[7]	+4	—
San Francisco	1,055 (62.2)	2,043 (115.6)	2,474 (139.2)	2,614 (145.6)	+148	—	—
United States	172,738 (59.0)	416,814 (135.9)	474,133 (153.3)	488,004 (156.6)	+183	—	—

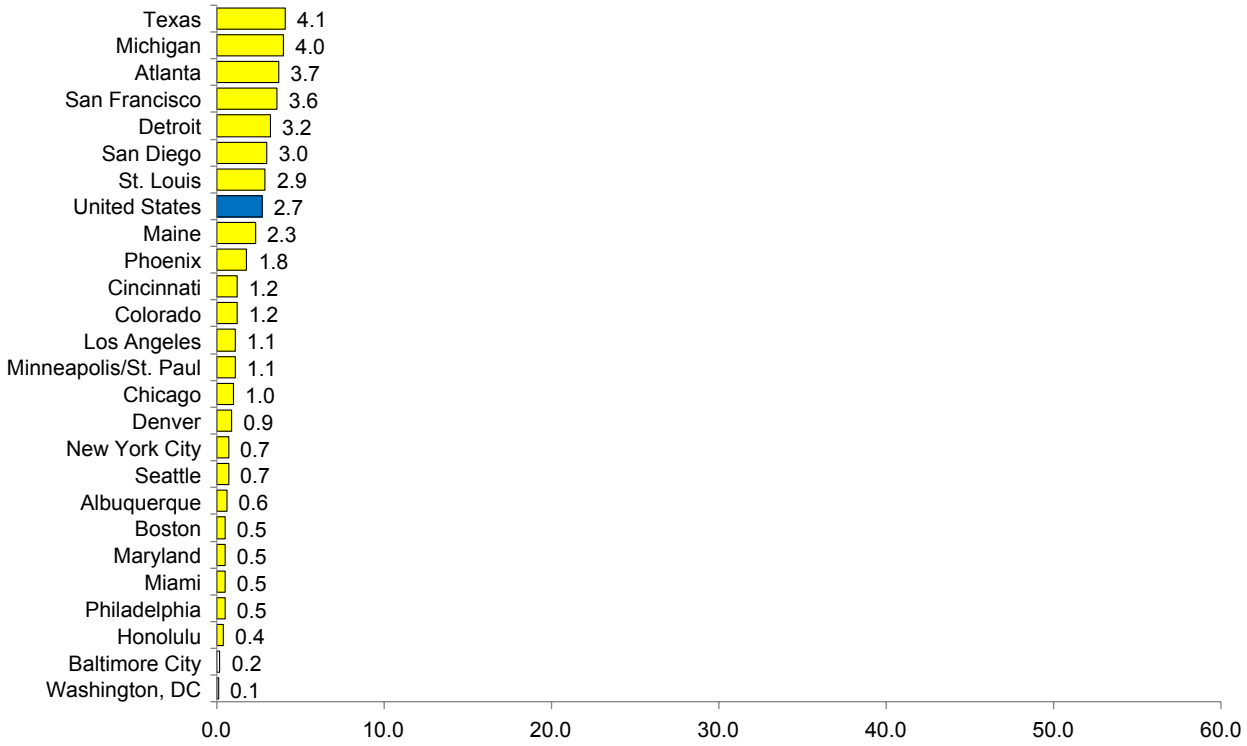
[1]Estimates of ED visits are based on a representative sample of non-Federal, short-stay hospitals with 24-hour EDs in the United States.
[2]It should be noted that summing or combining visits for drugs, cocaine, heroin, other opiates/opioids, methamphetamine, and other drugs, produces incorrect and inflated counts, since ED visits often involve multiple drug reports, and these visits will appear multiple times in the data tables.
[3]Nonmedical use is use that involves taking a prescription or over-the-counter (OTC) pharmaceutical differently than prescribed or recommended, especially taking more than prescribed or recommended; taking a pharmaceutical prescribed for another individual; deliberate poisoning with a pharmaceutical agent by another person; and documented misuse of a prescription or OTC pharmaceutical or dietary supplement. Nonmedical use may involve pharmaceuticals alone or in combination with other drugs.
[4]This column denotes statistically significant ($p<.05$) increases or decreases between estimates for the periods shown. Results of statistical testing were provided by SAMHSA. The symbol, "—" indicates no statistically significant changes in the estimates between the reporting periods shown.
[5]"NA" indicates that data were not available for this time period.
[6]No significance tests could be performed due to lack of data for 1 or both of the comparison years.
[7]Seattle data for 2004 may not be comparable with data for 2009–2011, and comparisons of ED visits and ED visit rates for that area are not reported here.
SOURCE: DAWN, SAMHSA

Figure 14. Oxycodone Drug Reports Identified Among Drug Items Seized and Analyzed in NFLIS Forensic Laboratories, as a Percentage of Total NFLIS Drug Reports[1], in 25 CEWG Areas and the United States: 2012[2]



[1]NFLIS methodology allows for the accounting of up to three drug reports per item submitted for analysis. The data presented are a combined count including primary, secondary, and tertiary reports for each selected drug item seized and analyzed.
[2]Data are for calendar year 2012, January–December; see appendix tables 3.1–3.26. Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.
SOURCE: NFLIS, DEA, data for all areas were retrieved on May 7–9, 2013

Figure 15. Hydrocodone Drug Reports Identified in Drug Items Seized and Analyzed in NFLIS Forensic Laboratories, as a Percentage of Total NFLIS Drug Reports[1], in 25 CEWG Areas and the United States: 2012[2]



[1]NFLIS methodology allows for the accounting of up to three drug reports per item submitted for analysis. The data presented are a combined count including primary, secondary, and tertiary reports for each selected drug item seized and analyzed.
[2]Data are for calendar year 2012, January–December; see appendix tables 3.1–3.26. Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.
SOURCE: NFLIS, DEA, data for all areas were retrieved on May 7–9, 2013

Table 19. Selected Narcotic Analgesic Reports[1] Identified by Forensic Laboratories in 25 CEWG Areas and the United States, by Number and Percentage of Total Reports Identified: CY 2012[2]

CEWG Area	Oxycodone		Hydrocodone		Methadone		Fentanyl		Buprenorphine		Total Reports
	#	(%)	#	(%)	#	(%)	#	(%)	#	(%)	
Albuquerque	62	2.3	15	0.6	10	0.4	1	0.0	29	1.1	2,660
Atlanta	863	5.0	641	3.7	101	0.6	1	0.0	51	0.3	17,387
Baltimore City	617	1.9	60	0.2	109	0.3	—	—	427	1.3	32,444
Boston	1,458	7.6	91	0.5	88	0.5	21	0.1	601	3.1	19,310
Chicago	114	0.2	663	1.0	90	0.1	1	0.0	134	0.2	68,776
Cincinnati	304	2.9	125	1.2	31	0.3	—	—	41	0.4	10,420
Colorado	321	2.4	154	1.2	18	0.1	7	0.1	31	0.2	13,150
Denver	175	2.0	78	0.9	10	0.1	4	0.0	13	0.2	8,576
Detroit	71	0.9	247	3.2	6	0.1	1	0.0	23	0.3	7,787
Honolulu	4	0.1	11	0.4	2	0.1	—	—	—	—	2,946
Los Angeles	245	0.6	425	1.1	85	0.2	1	0.0	13	0.0	39,455
Maine	176	15.3	27	2.3	14	1.2	1	0.1	49	4.2	1,154
Maryland	2,804	3.7	379	0.5	344	0.4	15	0.0	1,211	1.6	76,483
Miami	679	2.9	122	0.5	33	0.1	—	—	28	0.1	23,671
Michigan	404	1.2	1,406	4.0	238	0.7	24	0.1	213	0.6	34,853
Minneapolis/ St. Paul	147	2.0	64	1.1	31	0.5	2	0.0	25	0.4	6,067
New York City	2,058	4.2	361	0.7	615	1.3	21	0.0	725	1.5	48,613
Philadelphia	1,472	5.5	147	0.5	86	0.3	6	0.0	149	0.6	26,735
Phoenix	455	4.3	193	1.8	41	0.4	2	0.0	108	1.0	10,518
St. Louis	442	2.6	509	2.9	64	0.4	3	0.0	114	0.7	17,294
San Diego	285	2.2	402	3.0	58	0.4	9	0.1	67	0.5	13,238
San Francisco	511	3.7	489	3.6	164	1.2	3	0.0	49	0.4	13,630
Seattle	91	4.0	15	0.7	21	0.9	41	1.8	15	0.7	2,265
Texas	326	0.4	3,173	4.1	236	0.3	17	0.0	65	0.1	77,907
Washington, DC	39	0.9	6	0.1	9	0.2	1	0.0	17	0.4	4,383
United States	50,184	3.6	38,240	2.7	6,774	0.5	627	0.0	10,558	0.7	1,408,959

[1]NFLIS methodology allows for the accounting of up to three drug reports per item submitted for analysis. The data presented are a combined count including primary, secondary, and tertiary reports for each drug item seized and analyzed.
[2]Data are for January–December 2012; see appendix tables 3.1–3.26. Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.
SOURCE: NFLIS, DEA, data for all areas and the United States were retrieved on May 7–9, 2013

Benzodiazepines

Among the 16 of 21 CEWG area representatives whose area reports contained indicator data for benzodiazepines for the June 2013 meeting, indicators for these areas continued to be stable, mixed, or increasing in 2012 in all areas except 2. Indicators were reported in 2012 as mostly increasing in New York City; stable in 2012 in Chicago, Cincinnati, and Los Angeles; mixed in Baltimore City and Maryland, Atlanta, Boston, Denver/Colorado, Maine, Philadelphia, Phoenix, San Francisco, Seattle, and Texas; and declining in Albuquerque/New Mexico and South Florida/Miami-Dade and Broward Counties. Alprazolam was the benzodiazepine occurring most frequently in indicator data, as in the recent past, but clonazepam and diazepam appeared in 2011 ED visit data and 2012 NFLIS data in several areas in this reporting period. Alprazolam indicators continued to be reported as high relative to other drugs in both Cincinnati and South Florida/Miami-Dade and Broward Counties and low relative to other drugs in Albuquerque/New Mexico. The area representatives from Denver/Colorado, Maine, Philadelphia, and Seattle reported high levels for benzodiazepines in 2012 as co-intoxicants with other drugs, particularly in drug-related deaths and as secondary or tertiary mentions in treatment admissions.

Other Highlights – Cross-Area Data Sources

Treatment Admissions:

- In eight CEWG areas reporting data on treatment admissions for benzodiazepine abuse with 1.0 percent or more such cases, the lowest percentage was in Philadelphia (1.1 percent), and the highest was in Atlanta (2.1 percent) (table 20).

Table 20. Primary Benzodiazepine Treatment Admissions in Eight CEWG Areas Reporting Such Admissions at 1.0 Percent or More of Total Admissions, as a Percentage of Total Substance Abuse Treatment Admissions[1]: 2012[2]

CEWG Areas[3]	Primary Benzodiazepine Admissions	Percentage of Total Admissions
	#	%
Atlanta	185	2.1
Baltimore City	210	1.3
Boston	210	1.4
Maryland	680	1.2
Philadelphia	92	1.1
South Florida/Broward County	93	1.6
South Florida/Miami-Dade County	58	1.4
Texas[4]	1,448	2.0

[1]More information on these data is available in the footnotes and notes for appendix table 2.
[2]Data are for calendar year 2012: January–December 2012.
[3]Data for this table were not reported for areas with benzodiazepine-related primary treatment admissions of less than 1.0 percent (Albuquerque/New Mexico, Colorado, Denver, Detroit, Los Angeles, Maine, Minneapolis/St. Paul, New York City, St. Louis, and Seattle) and for those areas where benzodiazepines are not reported separately from other substance abuse treatment admissions (Cincinnati, Hawaii, Phoenix, San Diego, and San Francisco).
[4]Texas treatment data reported in this June 2013 *Highlights and Executive Summary Report* are the data reported at the June 2013 CEWG meeting. They differ from those reported later as updates by the area representative in the Texas full area report appendix that is included in the June 2013 Volume II compilation of full area reports (see that appendix for updated numbers).
SOURCE: June 2013 State and local CEWG reports

DAWN ED Visits:

- Seven of the nine CEWG reporting areas saw statistically significant increases in estimated **ED visits** for nonmedical use of pharmaceuticals involving **benzodiazepines** over the 7-year period from **2004 to 2011**. These areas were Boston, Chicago, Denver, Detroit, Minneapolis/St. Paul, New York City, and Phoenix. Between 2004 and 2011, estimated ED visits for nonmedical use of pharmaceuticals involving benzodiazepines increased at the highest percentage in Denver, by 301 percent, followed by Detroit, by 222 percent, and Minneapolis/St. Paul, by 195 percent, with the lowest increases in Boston (59 percent) and Chicago (91 percent). In the United States, benzodiazepine-involved ED visits also increased (by 149 percent) in the period.

- Between **2010 and 2011,** 1 of 11 reporting areas, Detroit, showed an increase of 12 percent in benzodiazepine-involved ED visits, while all other areas, including the United States, showed stability (table 21).

- Five areas—Boston, Minneapolis/St. Paul, New York City, Phoenix, and Seattle—experienced increased benzodiazepine-involved ED visits from **2009 to 2011,** while six areas and the United States showed stability; decreases were not observed in any areas. New York City had the largest increase in ED visits for nonmedical use of pharmaceuticals involving benzodiazepines over the 3-year period, at 43 percent (table 21).

NFLIS Drug Reports:

- Three drugs—alprazolam, clonazepam, and diazepam—were the most frequently reported benzodiazepines identified in drug reports among items seized and analyzed by forensic laboratories in 25 CEWG areas in the 2012 reporting period. Table 22 shows the numbers and percentages of drug reports containing alprazolam, clonazepam, and diazepam in each of the CEWG reporting areas.

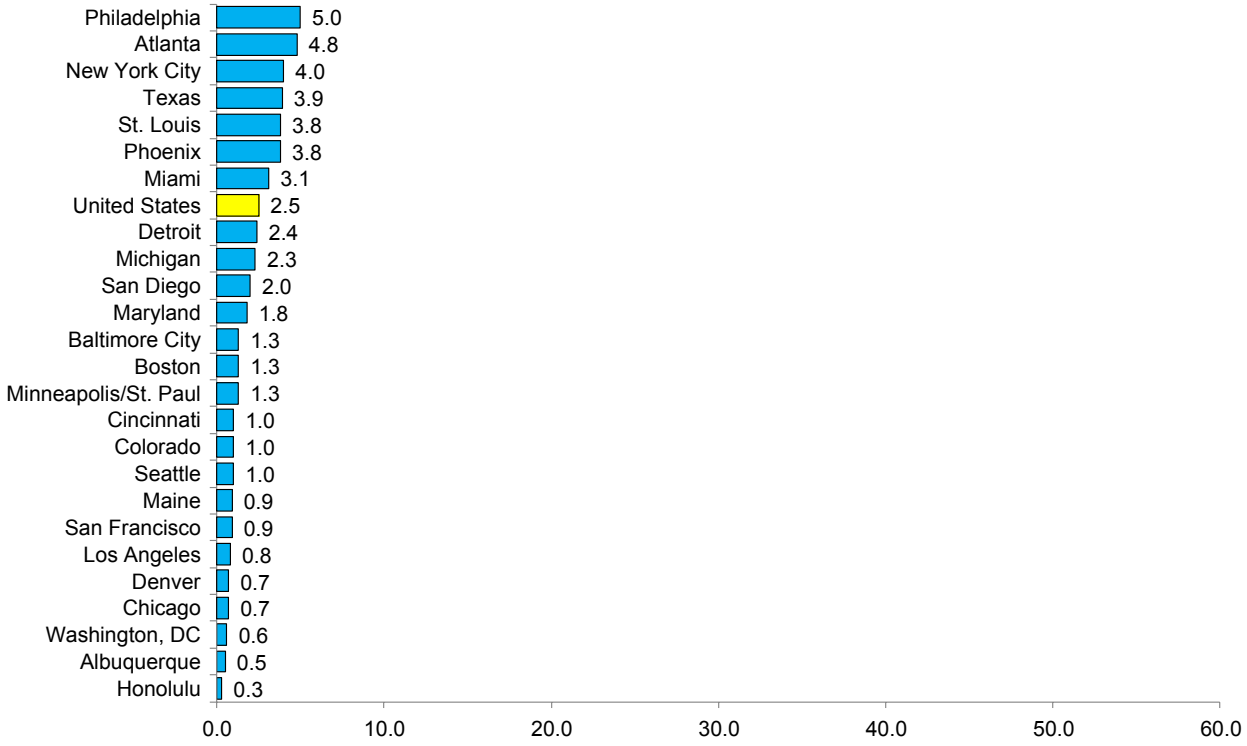
- In **2012, alprazolam** appeared among the top 10 drug reports in 19 reporting areas, but it did not rank in the top 2 places. It **ranked** third in Miami and fourth in Atlanta in frequency among the top 10 drug reports among items analyzed by NFLIS laboratories. Alprazolam ranked fifth in Detroit, Maryland, New York City, Philadelphia, St. Louis, and Texas, and the drug ranked seventh in Los Angeles, San Diego, and the United States in the reporting period (table 2; appendix table 3). In the 25 CEWG areas for which NFLIS data were reported for 2012, the highest percentages of alprazolam drug reports among items seized and analyzed were in Philadelphia (5.0 percent), followed by Atlanta (4.8 percent) (table 22; figure 16).

Table 21. Weighted Estimates[1] of Emergency Department (ED) Visits[2] for Nonmedical Use of Pharmaceuticals[3] Involving Benzodiazepines, and Rates per 100,000 Population, for 11 CEWG Areas and the United States: 2004, 2009–2011

CEWG Areas	Estimated Numbers of ED Visits and (Rates per 100,000 Population) 2004	Estimated Numbers of ED Visits and (Rates per 100,000 Population) 2009	Estimated Numbers of ED Visits and (Rates per 100,000 Population) 2010	Estimated Numbers of ED Visits and (Rates per 100,000 Population) 2011	Percent and Direction of Change 2004–2011[4] (%)	Percent and Direction of Change 2009–2011[4] (%)	Percent and Direction of Change 2010–2011[4] (%)
Boston	4,096 (92.6)	5,523 (122.0)	6,346 (139.2)	6,504 (141.7)	+59	+18	—
Broward (Miami-Ft. Lauderdale)	NA[5]	2,900 (95.4)	3,110 (101.1)	3,647 (117.1)	…[6]	—	—
Chicago	3,369 (36.4)	5,572 (59.1)	5,651 (59.7)	6,424 (67.6)	+91	—	—
Denver	551 (23.9)	1,782 (71.0)	2,152 (84.3)	2,206 (84.9)	+301	—	—
Detroit	2,111 (47.5)	6,023 (139.7)	6,071 (141.5)	6,801 (158.7)	+222	—	+12
Miami-Dade	1,372 (58.2)	1,587 (64.4)	1,619 (64.7)	1,808 (70.8)	—	—	—
Minneapolis/St. Paul	943 (30.4)	2,135 (65.4)	2,489 (75.8)	2,784 (83.9)	+195	+30	—
New York City	2,213 (27.5)	3,616 (44.5)	4,758 (58.1)	5,175 (62.8)	+134	+43	—
Phoenix	2,269 (62.4)	4,030 (97.0)	4,768 (113.3)	4,845 (113.6)	+114	+20	—
Seattle	…[7]	2,977 (87.2)	3,525 (102.2)	3,073 (87.8)	…[7]	+3	—
San Francisco	775 (45.7)	1,061 (60.1)	1,109 (62.4)	1,058 (58.9)	—	—	—
United States	143,549 (49.0)	312,931 (102.0)	345,691 (111.8)	357,836 (114.8)	+149	—	—

[1]Estimates of ED visits are based on a representative sample of non-Federal, short-stay hospitals with 24-hour EDs in the United States.
[2]It should be noted that summing or combining visits for drugs, cocaine, heroin, other opiates/opioids, methamphetamine, and other drugs, produces incorrect and inflated counts, since ED visits often involve multiple drug reports, and these visits will appear multiple times in the data tables.
[3]Nonmedical use is use that involves taking a prescription or over-the-counter (OTC) pharmaceutical differently than prescribed or recommended, especially taking more than prescribed or recommended; taking a pharmaceutical prescribed for another individual; deliberate poisoning with a pharmaceutical agent by another person; and documented misuse of a prescription or OTC pharmaceutical or dietary supplement. Nonmedical use may involve pharmaceuticals alone or in combination with other drugs.
[4]This column denotes statistically significant ($p<.05$) increases or decreases between estimates for the periods shown. Results of statistical testing were provided by SAMHSA. The symbol, "—" indicates no statistically significant changes in the estimates between the reporting periods shown.
[5]"NA" indicates that data were not available for this time period.
[6]No significance tests could be performed due to lack of data for 1 or both of the comparison years.
[7]Seattle data for 2004 may not be comparable with data for 2009–2011, and comparisons of ED visits and ED visit rates for that area are not reported here.
SOURCE: DAWN, SAMHSA

Figure 16. Alprazolam Drug Reports Identified Among Drug Items Seized and Analyzed in NFLIS Forensic Laboratories, as a Percentage of Total NFLIS Drug Reports[1], in 25 CEWG Areas and the United States: 2012[2]



[1]NFLIS methodology allows for the accounting of up to three drug reports per item submitted for analysis. The data presented are a combined count including primary, secondary, and tertiary reports for each selected drug item seized and analyzed.
[2]Data are for calendar year 2012, January–December; see appendix tables 3.1–3.26. Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.
SOURCE: NFLIS, DEA, data for all areas were retrieved on May 7–9, 2013

Table 22. Number of Selected Benzodiazepine Reports Identified by Forensic Laboratories in 25 CEWG Areas and the United States, by Number and Percentage of Total Reports[1] Identified: CY 2012[2]

CEWG Area	Alprazolam		Clonazepam		Diazepam		Total Reports
	#	(%)	#	(%)	#	(%)	
Albuquerque	13	0.5	9	0.3	7	0.3	2,660
Atlanta	840	4.8	128	0.7	68	0.4	17,387
Baltimore City	412	1.3	167	0.5	36	0.1	32,444
Boston	254	1.3	425	2.2	55	0.3	19,310
Chicago	488	0.7	101	0.1	55	0.1	68,776
Cincinnati	109	1.0	54	0.5	53	0.5	10,420
Colorado	126	1.0	54	0.4	64	0.5	13,150
Denver	59	0.7	37	0.4	36	0.4	8,576
Detroit	183	2.4	4	0.1	20	0.3	7,787
Honolulu	8	0.3	—	—	3	0.1	2,946
Los Angeles	323	0.8	66	0.2	61	0.2	39,455
Maine	10	0.9	15	1.3	2	0.2	1,154
Maryland	1,390	1.8	473	0.6	197	0.3	76,483
Miami	729	3.1	74	0.3	46	0.2	23,671
Michigan	802	2.3	172	0.5	107	0.3	34,853
Minneapolis/St. Paul[3]	65	1.3	35	0.6	21	0.3	6,067
New York City	1,939	4.0	583	1.2	106	0.2	48,613
Philadelphia	1,327	5.0	216	0.8	61	0.2	26,735
Phoenix	403	3.8	105	1.0	75	0.7	10,518
St. Louis	657	3.8	119	0.7	112	0.6	17,294
San Diego	259	2.0	107	0.8	94	0.7	13,238
San Francisco	121	0.9	77	0.6	65	0.5	13,630
Seattle	23	1.0	13	0.6	2	0.1	2,265
Texas	3,066	3.9	497	0.6	288	0.4	77,907
Washington, DC	28	0.6	13	0.3	2	0.0	4,383
United States[3]	35,355	2.5	10,398	0.7	5,669	0.4	1,408,959

[1]NFLIS methodology allows for the accounting of up to three drug reports per item submitted for analysis. The data presented are a combined count including primary, secondary, and tertiary reports for each drug item seized and analyzed.
[2]Data are for January–December 2012; see appendix tables 3.1–3.26. Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.
[3]"Benzodiazepine" accounted for 167 reports in the United States, and 2 reports in the Minneapolis/St. Paul area.
SOURCE: NFLIS, DEA, data for all areas and the United States were retrieved on May 7–9, 2013

Methamphetamine

Based on CEWG area representatives' reporting, methamphetamine indicators were reported as increasing, stable, or mixed (with some indicators increasing, some stable, and some decreasing) in 17 of 21 CEWG areas, reversing a mostly declining trend since 2007 after the ability to purchase the precursor, pseudoephedrine, was limited. Ten of 21 CEWG area representatives reported increasing methamphetamine indicators in the 2012 reporting period, compared with 2011. Area representatives from Los Angeles, Minneapolis/St. Paul, St. Louis, Seattle, and Texas reported relatively high and mostly increasing methamphetamine indicators in 2012. Methamphetamine levels continued to be low relative to other drugs in Atlanta, Cincinnati, Maine, New York City, and South Florida/Miami-Dade and Broward Counties, but these areas were also reported as showing some increases in methamphetamine indicators (including treatment admissions data, NFLIS drug reports, DAWN ED visit data, and numbers of clandestine laboratory seizures). While methamphetamine levels continued to be high relative to other drugs in six areas in the western region—Albuquerque/New Mexico, Denver/Colorado, Honolulu/Hawaii, Phoenix, San Diego, San Francisco and Texas—indicators there were mixed (with some indicators stable, some decreasing, and some increasing).

- **Western Region:** Indicators for methamphetamine continued to be high relative to other drugs in 2012 in the nine CEWG areas in the West. Area representatives from **Los Angeles** and **Seattle** reported increasing indicators in 2012 from the previous year for methamphetamine, including proportions of primary treatment admissions for methamphetamine; numbers of ED visits; numbers of methamphetamine drug-caused deaths in Seattle and detection of methamphetamine in toxicology cases in Los Angeles; and numbers and proportions of methamphetamine drug reports among seized and analyzed drug items. Mixed indicators (with some increasing, some decreasing, and some stable) for methamphetamine were reported in the 2012 reporting period by the other seven area representatives in the western region—**Albuquerque/New Mexico, Denver/Colorado, Honolulu/Hawaii, Phoenix , San Diego, San Francisco,** and **Texas**.

- **Midwestern Region:** Indicators for methamphetamine continued to be reported as low in 2012 when compared with other major drugs of abuse in three midwestern CEWG regions—**Chicago, Cincinnati,** and **Detroit**. However, increases in methamphetamine indicators were reported for 2012 by area representatives in two of the CEWG area in the Midwest—**Minneapolis/St. Paul** and **St. Louis**.

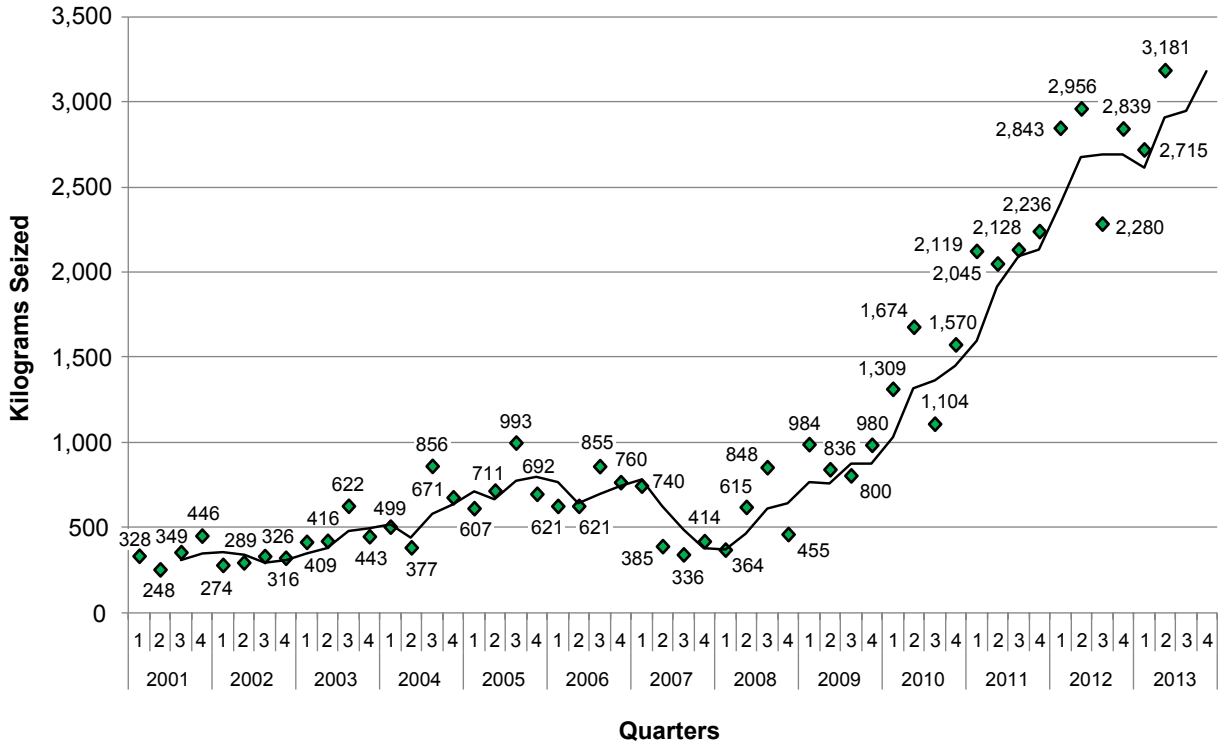
- **Northeastern Region:** The area representatives from **Boston** and **Maine** reported continuing low indicators for methamphetamine in 2012, compared with other drugs of abuse; in **Philadelphia** and **New York City,** the representatives reported that indicators in those areas were very low relative to other drugs in 2012. In **Maine,** however, some indicators, including arrests related to methamphetamine, were increasing in 2012, compared with 2011, and in New York City and Philadelphia, NFLIS reports for items containing methamphetamine were increasing.

- **Southern Region:** When compared with other major drugs of abuse, indicators for methamphetamine were low in 2012 in all three CEWG areas in the southern region—**Atlanta; Baltimore/Maryland/Washington, DC;** and **South Florida/Miami-Dade and Broward Counties**. Methamphetamine indicators continued to be reported as very low and stable in Baltimore/Maryland/Washington, DC, but they were showing signs of increases in 2012 from previous reporting periods in Atlanta and South Florida/Miami-Dade and Broward Counties.

Other Highlights:

- **Methamphetamine Supply Indicators Showed Increases in 2012:** Quarterly methamphetamine seizures along the southwestern border between the United States and Mexico increased from 364 kilograms in January 2008 to 2,839 kilograms in October 2012, and 3,181 kilograms in June 2013, according to the National Seizure System (El Paso Intelligence Center) (figure 17).

Figure 17. Quarterly Southwestern Border Methamphetamine Seizures, in Kilograms: January 2001–June 2013



SOURCE: National Seizure System, El Paso Intelligence Center, extracted 7/1/201, and provided by Fe Caces, ONDCP, for the June 2013 CEWG meeting

Other Highlights Cross-Area Data Sources:

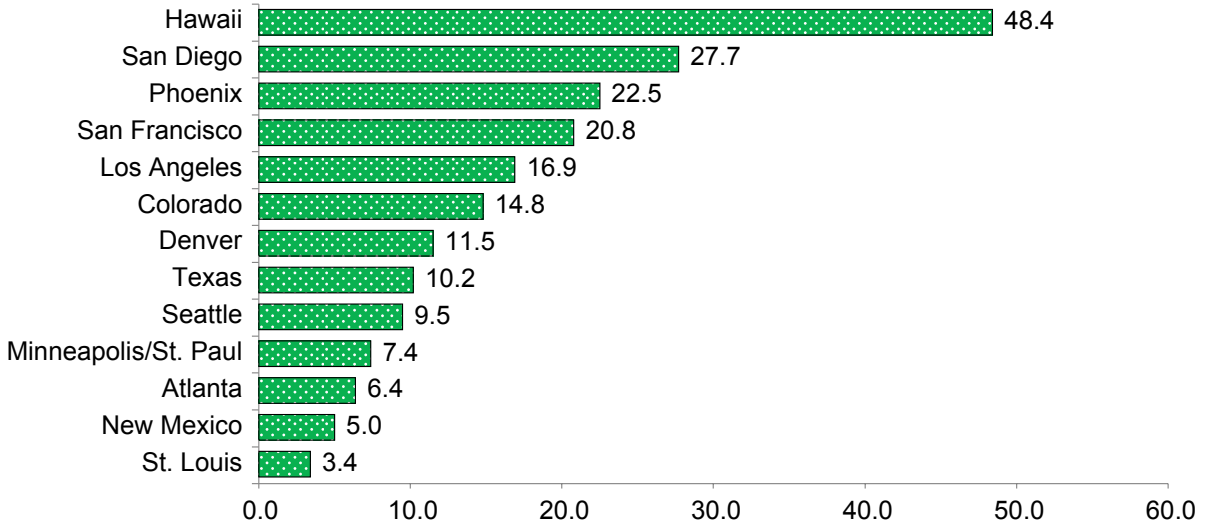
Treatment Admissions:

- Five areas, all in the West, **ranked** methamphetamine as the first or second most frequently reported major problem substance in treatment admissions data for **2012**. In 2 of 13 CEWG areas reporting **methamphetamine treatment admissions** for 2012 at or above 1.0 percent of total admissions, methamphetamine admissions ranked first in Hawaii and San Diego. Three additional areas reported methamphetamine admissions as ranking second. These areas are Albuquerque/New Mexico, Phoenix, and San Francisco (table 1). In 2012, Hawaii had the highest percentage of methamphetamine admissions among areas reporting at least 1.0 percent of admissions, at

48.4 percent, followed by San Diego, at 27.7 percent. St. Louis had the lowest percentage among those reporting at least 1.0 percent of admissions, at 3.4 percent (table 23; figure 18).

- **Route of Administration of Methamphetamine.** In the 11 CEWG areas represented in table 24, smoking was the most common **mode of administering methamphetamine** among primary methamphetamine admissions in all reporting areas except St. Louis in **2012**. Smoking was reported at levels ranging from 39.8 percent in St. Louis to 78.0 percent in Los Angeles, with relatively high percentages of smoking reported in San Francisco, San Diego, and Phoenix (approximately 72–74 percent each). In St. Louis, injection was the most common route of administration among methamphetamine treatment admissions (at 49.7 percent). The highest percentages reporting inhalation as the primary route of methamphetamine administration were in Atlanta, 11.6 percent, and Los Angeles, at 11.1 percent (table 24).
- **Gender of Methamphetamine Admissions.** In 8 of 11 CEWG areas reporting on the gender of primary methamphetamine admissions for **2012, males** represented the majority. The largest proportions of male methamphetamine admissions were in San Francisco and Minneapolis/St. Paul (at approximately 63 percent each). In 3 of 11 reporting areas—Atlanta, Phoenix, and Texas—**females** predominated among primary methamphetamine admissions, representing 61.6, 58.1, and 62.0 percent of treatment admissions, respectively (table 25).
- **Age of Methamphetamine Admissions.** Among the 10 CEWG areas reporting on age for primary methamphetamine admissions for **2012,** San Diego (47.8 percent) had the highest proportion of methamphetamine admissions **age 35 and older**. Los Angeles (27.6 percent), Seattle (24.9 percent), and Minneapolis/St. Paul (24.4 percent) had the highest proportions of methamphetamine admissions **age 25 and younger** (table 25).

Figure 18. Primary Methamphetamine Treatment Admissions as a Percentage of Total Treatment Admissions in 13 CEWG Areas, With 1.0 Percent or More Methamphetamine Admissions[1]: 2012[2]



[1]These treatment admissions data are provided by area representatives for cross-area reporting from June CEWG meeting area reports. Appendix table 2 contains details of these data for each area and descriptions of populations covered. The data presented are treatment admissions for which the primary drug of abuse is reported as methamphetamine.
[2]Data are for calendar year 2012, January through December.
SOURCE: CEWG area reports, June 2013 meeting

Table 23. Primary Methamphetamine Treatment Admissions in 13 CEWG Areas Reporting Such Admissions at 1.0 Percent or More of Total Admissions, as a Percentage of Total Substance Abuse Treatment Admissions[1], Including Primary Alcohol Admissions: 2012[2]

CEWG Areas[3]	Primary Methamphetamine Admissions	Percentage of Total Admissions
	#	%
Albuquerque/New Mexico[4]	426	5.0
Atlanta	567	6.4
Colorado	4,842	14.8
Denver	1,608	11.5
Hawaii[4]	4,854	48.4
Los Angeles	7,710	16.9
Minneapolis/St. Paul	1,562	7.4
Phoenix[5]	2,162	22.5
St. Louis	437	3.4
San Diego	3,990	27.7
San Francisco	4,658	20.8
Seattle	955	9.5
Texas[6]	7,513	10.2

[1]More information on these data is available in the footnotes and notes for appendix table 2.
[2]Data are for calendar year 2012: January–December 2012.
[3]Data for CEWG areas where primary methamphetamine admissions represented less than 1.0 percent of total substance abuse treatment admissions were not included in this table (Baltimore City, Boston, Detroit, Maine, Maryland, New York City, Philadelphia, and South Florida/Broward and Miami-Dade Counties). No data were reported for Cincinnati in this category.
[4]Albuquerque/New Mexico and Hawaii reported combined methamphetamine and stimulants (amphetamine) admissions.
[5]Treatment data for Phoenix do not include admissions younger than 18.
[6]Texas treatment data reported in this June 2013 *Highlights and Executive Summary Report* are the data reported at the June 2013 CEWG meeting. They differ from those reported later as updates by the area representative in the Texas full area report appendix that is included in the June 2013 Volume II compilation of full area reports (see that appendix for updated numbers).
SOURCE: June 2013 State and local CEWG reports

Table 24. Primary Route of Administration of Methamphetamine Among Treatment Admissions in 11 CEWG Areas Reporting Such Admissions at 1.0 Percent or More of Total Admissions, as a Percentage[1] of Primary Methamphetamine Treatment Admissions: 2012[2]

CEWG Areas[3]	Smoked		Inhaled		Injected		Oral/Other/ Unknown		Total *N*
	#	%	#	%	#	%	#	%	
Atlanta	314	55.4	66	11.6	135	23.8	52	9.2	567
Colorado	2,965	61.2	395	8.2	1,343	27.7	139	2.9	4,842
Denver	966	60.1	163	10.1	433	26.9	46	2.9	1,608
Los Angeles	6,012	78.0	858	11.1	644	8.4	196	2.5	7,710
Minneapolis/St. Paul	1,034	66.2	107	6.9	321	20.6	100	6.4	1,562
Phoenix[4]	1,600	74.0	183	8.5	220	10.2	159	7.4	2,162
St. Louis	174	39.8	33	7.6	217	49.7	13	3.0	437
San Diego	2,887	72.4	288	7.2	754	18.9	61	1.5	3,990
San Francisco	3,347	71.9	353	7.6	857	18.4	101	2.2	4,658
Seattle	636	66.6	7	0.7	226	23.7	86	9.0	955
Texas	NR[5]	53.0	NR[5]	7.0	NR[5]	36.0	NR[5]	3.0	7,513

[1]Percentages may not sum to 100 due to rounding.
[2]Data are for calendar year 2012: January–December 2012.
[3]No data for methamphetamine were available for Cincinnati while no demographic data for methamphetamine were available for Albuquerque/New Mexico and Hawaii. Cases reported in CEWG areas where percentages of primary methamphetamine admissions represented less than 1.0 percent of total substance abuse treatment admissions were not included in this table. These include Baltimore City, Boston, Detroit, Maine, Maryland, New York City, Philadelphia, South Florida/Broward and Miami-Dade Counties. For further information, see appendix table 2.
[4]Treatment data for Phoenix do not include admissions younger than 18.
[5]NR=not reported.
SOURCE: June 2013 State and local CEWG reports

Table 25. Demographic Characteristics of Primary Methamphetamine Treatment Admissions in 11 CEWG Areas Reporting Such Admissions at 1.0 Percent or More of Total Substance Abuse Admissions, as a Percentage[1] of Primary Methamphetamine Treatment Admissions[1]: 2012[2]

CEWG Areas[3]	Gender		Age Group	
	Male	Female	Younger Than 26	35 and Older
Atlanta	38.4	61.6	22.2	36.5
Colorado	53.8	46.2	20.3	40.6
Denver	57.1	42.9	17.5	41.5
Los Angeles	50.7	49.2	27.6	37.3
Minneapolis/St. Paul	62.9	37.1	24.4	36.8
Phoenix[4]	41.9	58.1	14.3	44.7
St. Louis	53.8	46.2	17.4	43.7
San Diego	58.1	41.9	19.1	47.8
San Francisco	63.1	36.9	15.3	45.8
Seattle	56.1	43.9	24.9	24.3[5]
Texas	38.0	62.0	NR[6]	NR[6]

[1]Percentages are rounded to the first decimal place.
[2]Data are for calendar year 2012: January–December 2012.
[3]Data on methamphetamine admissions were not available for Cincinnati, while no demographic data were available for Albuquerque/New Mexico and Hawaii. Cases reported in CEWG areas where primary methamphetamine admissions represented less than 1.0 percent of total substance abuse treatment admissions were not included in this table. These include Baltimore City, Boston, Detroit, Maine, Maryland, New York City, Philadelphia, and South Florida/Broward and Miami-Dade Counties. For further information, see appendix table 2.
[4]Treatment data for Phoenix do not include admissions younger than 18.
[5]Data from Seattle are for clients age 40 and older.
[6]NR=Not reported.
SOURCE: June 2013 State and local CEWG reports

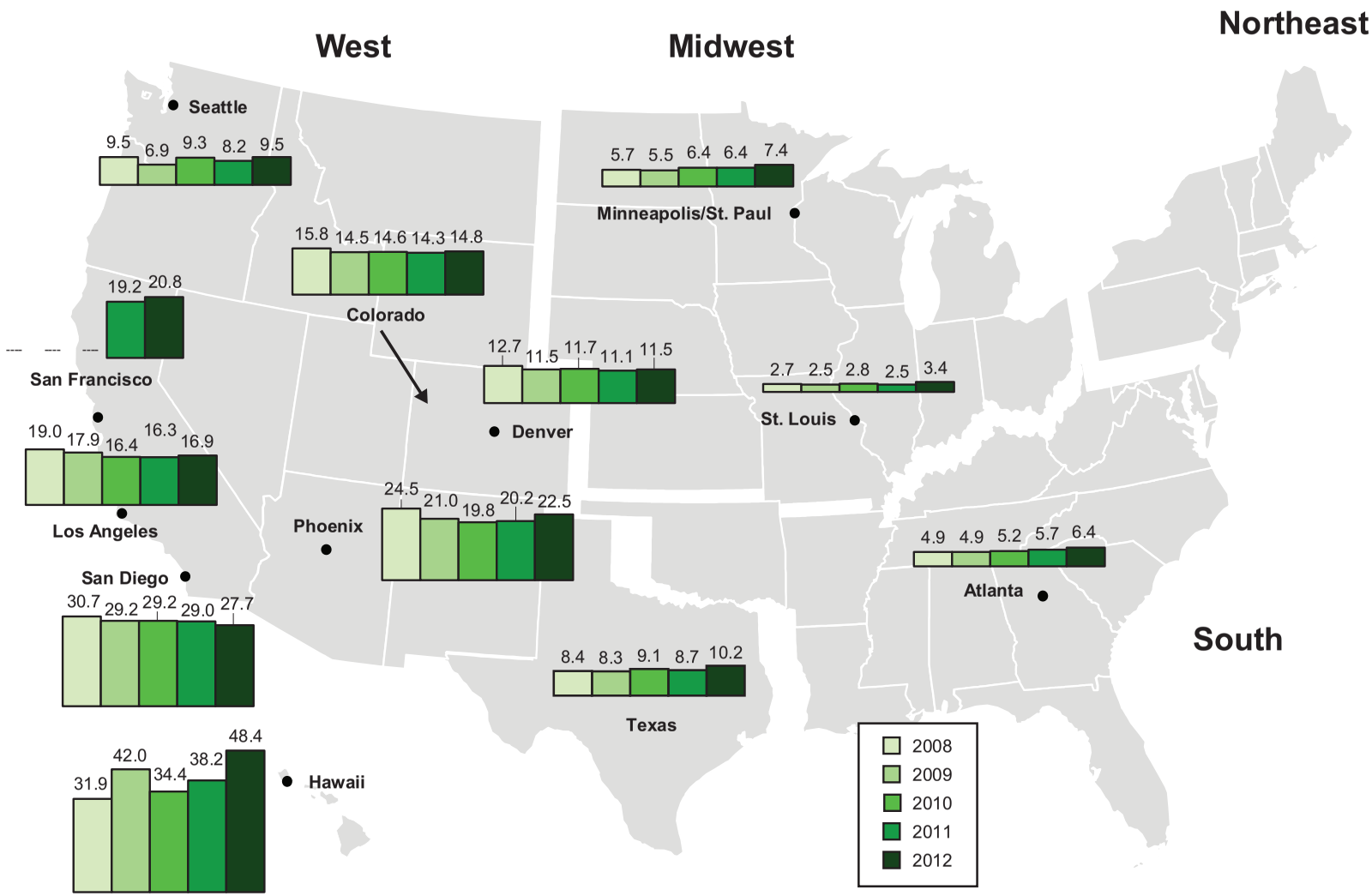
- Of the 11 CEWG areas with methamphetamine treatment admissions data for the 5-year period from **2008 to 2012,** a mixed pattern is shown (table 26; figure 19). Five areas (Atlanta, Hawaii, Minneapolis/St. Paul, St. Louis, and Texas) showed increases; five areas showed declines (Colorado, Denver, Los Angeles, Phoenix, and San Diego); and one area (Seattle) showed stability. The largest increase from 2008 to 2012 in the proportions of methamphetamine treatment admissions was for Hawaii, at 16.5 percentage points (table 26; figure 19).
- Among the 12 CEWG areas with data on methamphetamine treatment admissions for **2011 and 2012,** all but 1 area (San Diego) showed increases in methamphetamine treatment admissions in the 2-year period. The largest increase was observed for the area with the highest methamphetamine admissions as a percentage of total admissions, Hawaii (with a 10.2-percentage-point increase) (table 26; figure 19).

Table 26. Primary Methamphetamine Treatment Admissions in 12 CEWG Areas Reporting Such Admissions at 1.0 Percent or More of Total Admissions, as a Percentage of Total Substance Abuse Treatment Admissions, and Percentage-Point Changes for 2 Time Periods: 2008–2012 and 2011–2012[1]

CEWG Areas[2]	Years (in Percent)					Percentage-Point Change	
	2008	2009	2010	2011	2012	2008–2012	2011–2012
Atlanta[3]	4.9	4.9	5.2	5.7	6.4	+1.5	+0.7
Colorado	15.8	14.5	14.6	14.3	14.8	-1.0	+0.5
Denver	12.7	11.5	11.7	11.1	11.5	-1.2	+0.4
Hawaii[4]	31.9	42.0	34.4	38.2	48.4	+16.5	+10.2
Los Angeles	19.0	17.9	16.4	16.3	16.9	-2.1	+0.6
Minneapolis/St. Paul	5.7	5.5	6.4	6.4	7.4	+1.7	+1.0
Phoenix[5]	24.5	21.0	19.8	20.2	22.5	-2.0	+2.3
St. Louis	2.7	2.5	2.8	2.5	3.4	+0.7	+0.9
San Diego	30.7	29.2	29.2	29.0	27.7	-3.0	-1.3
San Francisco	—[6]	—[6]	—[6]	19.2	20.8	—[7]	+1.6
Seattle	9.5	6.9	9.3	8.2	9.5	0.0[8]	+1.3
Texas	8.4	8.3	9.1	8.7	10.2	+1.8	+1.5

[1]Calendar year 2012 (January though December) data.
[2]Data for CEWG areas were not included in this table when data were not available for more than 2 years in the period, were not comparable over time, or where primary methamphetamine admissions were less than 1.0 percent of total substance abuse treatment admissions (Albuquerque/New Mexico, Baltimore City, Boston, Cincinnati, Detroit, Maine, Maryland, New York City, Philadelphia, and South Florida/Broward and Miami-Dade Counties). Data for all years were lacking for Chicago and Washington, DC. For further information, see appendix table 2.
[3]Data do not match data contained in previous June reports, as these data were updated by the area representative.
[4]Hawaii and Texas reported combined methamphetamine and stimulants/amphetamine admissions.
[5]Treatment data for Phoenix do not include admissions younger than 18.
[6]San Francisco data were not comparable over the period due to changes in reporting in 2010; consequently, data for years prior to 2011 were not included in this table.
[7]Percentage-point changes could not be calculated due to missing data.
[8]Where differences in proportions of methamphetamine admissions were less than 1.0 percent in 2012, compared with either 2008 or 2011, stability in the proportions was assessed (designated in green, rather than blue for increase and black for decrease).
SOURCES: June 2013 State and local CEWG reports; *June 2012 Highlights and Executive Summary Volume I* CEWG report, p. 71; *June 2011 Highlights and Executive Summary Volume I* CEWG report, p. 102; *June 2010 Highlights and Executive Summary Volume I* CEWG report, p. 82; and *June 2009 Highlights and Executive Summary Volume I* CEWG report, p. 67

Figure 19. Primary Methamphetamine Treatment Admissions as a Percentage of Total Treatment Admissions in 12 CEWG Areas in 4 U.S. Regions[1]: 2008–2012[2]



[1]These treatment admissions data are provided by area representatives for cross-area reporting from June CEWG meeting area reports. Appendix table 2 contains details of these data for each area and descriptions of populations covered. The data presented are treatment admissions for which the primary drug of abuse is reported as methamphetamine. Data for CEWG areas were not included in this table when data were not available for more than 2 years in the period, were not comparable over time, or where primary methamphetamine admissions were less than 1.0 percent of total substance abuse treatment admissions (Albuquerque/New Mexico, Baltimore City, Boston, Cincinnati, Detroit, Maine, Maryland, New York City, Philadelphia, South Florida/Broward County, and South Florida/Miami-Dade County). Data for all years were lacking for Chicago and Washington, DC.
[2]Data are for calendar years (January through December) from 2008 through 2012.
SOURCE: CEWG area reports, June 2009–2013 meetings

DAWN ED Visits:

- From **2004 to 2011,** estimated numbers and rates of ED visits involving methamphetamine increased in three of eight reporting areas and remained stable in five areas and in the United States. Boston, Miami-Dade County, and New York City showed increases in ED visit rates involving methamphetamine of 142, 150, and 169 percent, respectively, from 2004–2011 (table 27).

- In the 2-year period from **2010 to 2011,** 2 of 11 reporting areas showed increased ED visits involving methamphetamine—Phoenix, with 18 percent, and Seattle, with 8 percent. Two areas showed declines; these were Boston, with a 32-percent decline, and San Francisco, with an 18-percent decline. Six areas and the United States showed stability (table 27).

- Six areas (Denver, Detroit, Minneapolis/St. Paul, New York City, Phoenix, and Seattle) and the United States showed increased methamphetamine-involved ED visits from **2009 to 2011,** with four areas showing stability. The largest percent increase in these ED visits was in Detroit, at 217 percent, but all increases were above 50 percent over the 3-year period (table 27).

NFLIS Drug Reports:

- **Methamphetamine drug reports ranked** first in proportions of total drug reports in drug items seized and analyzed in NFLIS forensic laboratories in 3 CEWG areas (Minneapolis/St. Paul, San Diego, and San Francisco) among the 17 CEWG areas where methamphetamine ranked among the top 10 drugs in **2012**. In another six areas, methamphetamine ranked second among drug reports; five of these areas were in the western region of the United States (Albuquerque, Honolulu, Los Angeles, Phoenix, and Seattle), and one was in the southern region (Atlanta) (table 2). San Diego had the highest percentage of methamphetamine drug reports, at 38.9 percent, while in 9 of 25 CEWG areas, less than 1.0 percent of total NFLIS drug reports in 2012 were for methamphetamine (figure 20; appendix table 3).

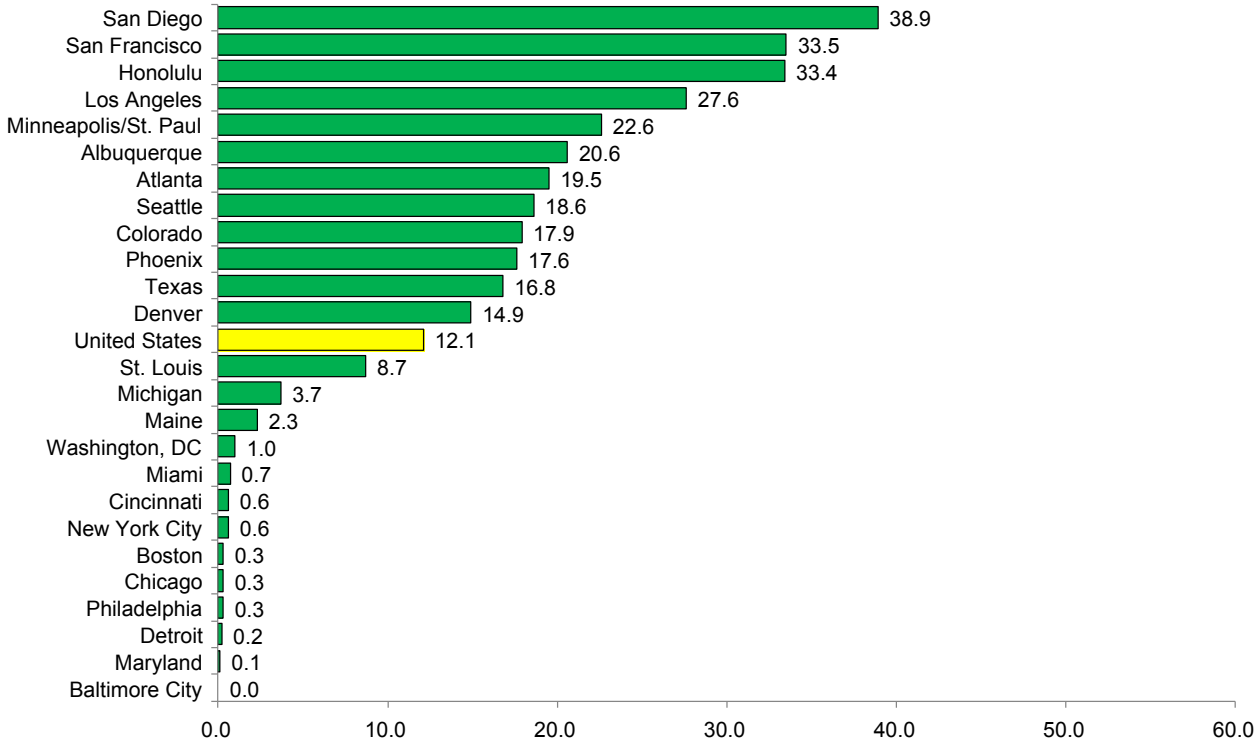
- The majority of CEWG areas showed increases in **methamphetamine drug reports from 2011 to 2012** (figure 1). The proportion of methamphetamine drug reports increased from 2011 to 2012 in 16 CEWG areas and in the United States, decreased in 4 areas, and remained stable in 5 areas. The largest increases in methamphetamine drug report percentages were in two areas with high percentages of such reports in 2012—San Diego (38.9 percent of total reports) and Los Angeles (27.6 percent of total reports). Their respective percentage-point increases were 7.4 and 5.4 between 2011 and 2012. Areas with declining percentages of methamphetamine drug reports were Atlanta, Chicago, Honolulu, and San Francisco. The same proportions of methamphetamine drug reports were found between 2011 and 2012 for Baltimore City, Boston, Detroit, Maine, and Maryland, all east of the Mississippi River (figure 1).

Table 27. Weighted Estimates[1] of Drug Misuse/Abuse-Related Emergency Department (ED) Visits Involving Methamphetamine[2], and Rates per 100,000 Population for 11 CEWG Areas and the United States: 2004, 2009–2011

CEWG Areas	Estimated Numbers of ED Visits and (Rates per 100,000 Population) 2004	Estimated Numbers of ED Visits and (Rates per 100,000 Population) 2009	Estimated Numbers of ED Visits and (Rates per 100,000 Population) 2010	Estimated Numbers of ED Visits and (Rates per 100,000 Population) 2011	Percent and Direction of Change 2004–2011[3] (%)	Percent and Direction of Change 2009–2011[3] (%)	Percent and Direction of Change 2010–2011[3] (%)
Boston	99 (2.2)	200 (4.4)	352 (7.7)	239 (5.2)	+142	—	-32
Broward (Miami-Ft. Lauderdale)	NA[4]	108 (3.6)	*[5]	*[5]	…[6]	…[6]	…[6]
Chicago	201 (2.2)	209 (2.2)	296 (3.1)	287 (3.0)	—	—	—
Denver	756 (32.8)	864 (34.4)	1,345 (52.6)	1,393 (53.6)	—	+61	—
Detroit	*[5]	56 (1.3)	86 (2.0)	176 (4.1)	…[6]	+217	—
Miami-Dade	60 (2.5)	86 (3.5)	— —	150 (5.9)	+150	—	—
Minneapolis/St. Paul	1,741 (56.1)	970 (29.7)	1,660 (50.5)	1,541 (46.4)	—	+59	—
New York City	214 (2.7)	347 (4.3)	504 (6.2)	576 (7.0)	+169	+66	—
Phoenix	3,476 (95.6)	2,957 (71.2)	3,766 (89.5)	4,460 (104.6)	—	+51	+18
Seattle	…[7]	1,704 (49.9)	2,838 (82.3)	3,076 (87.9)	…[7]	+81	+8
San Francisco	2,149 (126.8)	1,946 (110.2)	3,044 (171.2)	2,505 (139.5)	—	—	-18
United States	132,576 (45.3)	64,117 (20.9)	94,929 (30.7)	102,961 (33.0)	—	+61	—

[1]Estimates of ED visits are based on a representative sample of non-Federal, short-stay hospitals with 24-hour EDs in the United States.
[2]It should be noted that summing or combining visits for drugs, cocaine, heroin, methamphetamine, and other drugs, produces incorrect and inflated counts, since ED visits often involve multiple drug reports, and these visits will appear multiple times in the data tables.
[3]This column denotes statistically significant ($p<.05$) increases or decreases between estimates for the periods shown. Results of statistical testing were provided by SAMHSA. The symbol, "—" indicates no statistically significant changes in the estimates between the reporting periods shown.
[4]"NA" indicates that data were not available for this time period.
[5]The "*" indicates that the estimate has a relative standard error greater than 50 percent or the unweighted count or estimate is less than 30; it fails to meet standards of precision and is therefore suppressed.
[6]No significance tests could be performed due to lack of data for 1 or both of the comparison years.
[7]Seattle data for 2004 may not be comparable with data for 2009–2011, and comparisons of ED visits and ED visit rates for that area are not reported here.
SOURCE: DAWN, SAMHSA

Figure 20. Methamphetamine Drug Reports Identified Among Drug Items Seized and Analyzed in NFLIS Forensic Laboratories, as a Percentage of Total NFLIS Drug Reports[1], in 25 CEWG Areas and the United States: 2012[2]



[1]NFLIS methodology allows for the accounting of up to three drug reports per item submitted for analysis. The data presented are a combined count including primary, secondary, and tertiary reports for each selected drug item seized and analyzed.
[2]Data are for calendar year 2012, January–December; see appendix tables 3.1–3.26. Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.
SOURCE: NFLIS, DEA, data for all areas were retrieved on May 7–9, 2013

Marijuana/Cannabis

Marijuana/cannabis levels continued to be reported as moderate or high compared with other major illicit drugs in 2012 across all CEWG areas, based on primary treatment admissions and reports identified as marijuana/cannabis among drug items seized and analyzed by forensic laboratories. New marijuana/cannabis laws legalizing both medical and recreational marijuana/cannabis use were expected by area representatives to be influencing indicators in several areas currently and in the future. Representatives from Chicago and Texas reported a possible shift in trafficking and marketing away from Mexican marijuana/cannabis (due to a drought and poor quality Mexican marijuana/cannabis) to local markets and local "grow" operations.

- **Western Region:** Levels for marijuana/cannabis were reported as high in 2012 relative to other major drugs in all of the CEWG areas in the western region except **San Diego,** where indicators were reported as moderate in the 2012 reporting period. Two States in the West represented in the

CEWG, **Colorado** and **Washington,** passed legislation legalizing small amounts of marijuana/cannabis for recreational use during the current reporting period. This legislation, along with medical marijuana/cannabis legislation, was reported to be influencing indicators in affected CEWG areas. A drought in Mexico was affecting both the supply and the quality of marijuana/cannabis in their areas, according to the CEWG representatives from **Phoenix** and **Texas**. Indicators for marijuana/cannabis—including primary treatment admissions, reports from drug items analyzed in forensic laboratories, calls to poison control centers, hospital admissions or discharges, and law enforcement arrests and evidence—were mostly stable in 2012 from previous reporting periods in **Phoenix , San Diego,** and **Seattle,** according to the area representatives. The drug was reported by the Seattle area representative as "widespread" in that area. Marijuana indicators were mixed in 2012 in **Denver/Colorado, Honolulu/Hawaii, Los Angeles, San Francisco,** and **Texas,** according to the area representatives. Indicators for marijuana were reported as mostly decreasing in **Albuquerque/New Mexico**.

- **Midwestern Region:** Marijuana/cannabis levels were high relative to other drugs, and indicators were reported by the CEWG representatives as stable in the 2012 reporting period in all five areas of the Midwest—**Chicago, Cincinnati, Detroit, Minneapolis/St. Paul,** and **St. Louis**.

- **Northeastern Region:** All four CEWG area representatives in the northeastern region reported mixed indicators for marijuana/cannabis (with some increasing, some decreasing, and some stable) in 2012, when compared with previous reporting periods. Levels for marijuana/cannabis relative to other drugs were reported as moderate in **Boston, Maine,** and **Philadelphia**. In **New York City,** the area representative reported that marijuana/cannabis levels were very high when compared with other drugs of abuse in the city.

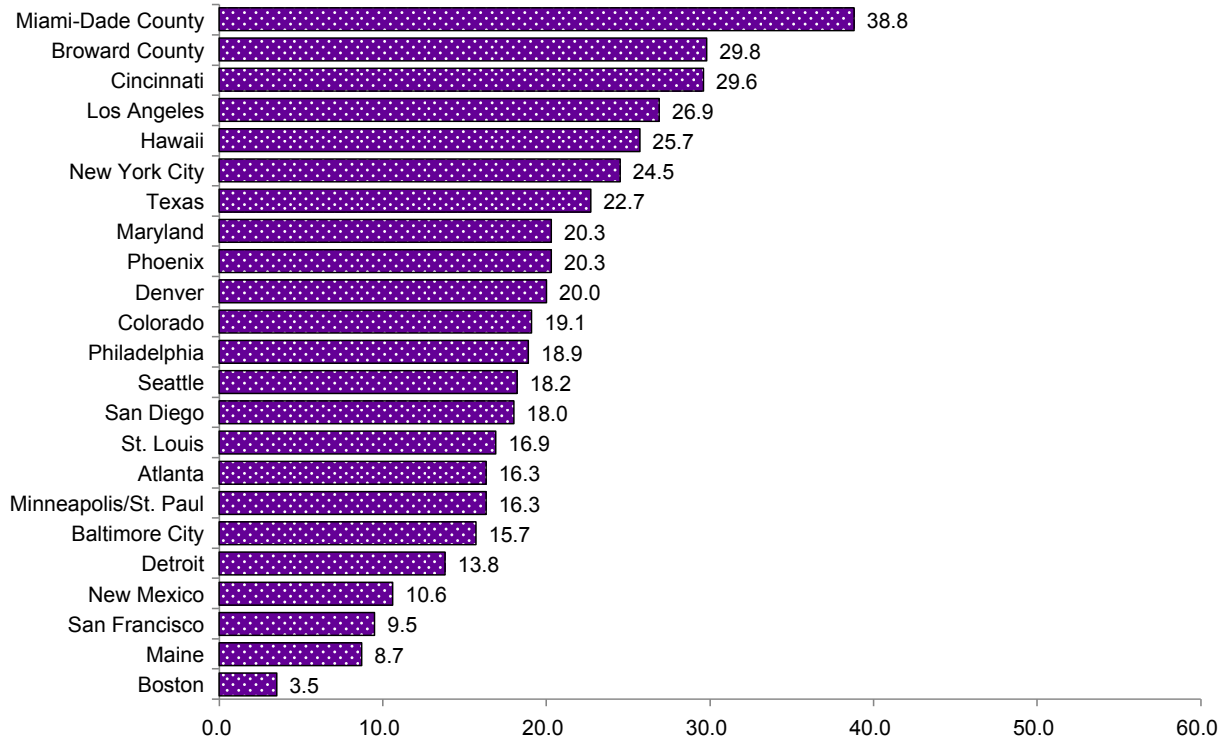
- **Southern Region:** All three CEWG area representatives in the southern area reported marijuana/cannabis levels as high relative to the other major drugs in 2012, compared with previous reporting periods, according to the area representatives. In **Atlanta,** indicators for marijuana/cannabis were stable in 2012 from previous reporting periods, according to the area representative. Indicators for marijuana/cannabis were increasing in 2012, compared with 2011, in the **Baltimore/Maryland/Washington, DC,** area. In the **South Florida/Miami-Dade and Broward Counties** area, "Consequences of marijuana use and addiction continued at high levels, particularly among adolescents and young adults," according to the area representative.

Other Highlights Cross-Area Data Sources:

Treatment Admissions:

- In **2012,** 10 of 23 CEWG reporting areas **ranked marijuana/cannabis** in first or second place among primary drugs at admission. Marijuana ranked first in treatment admission proportions in three areas—Los Angeles and South Florida/Broward and Miami-Dade Counties. It ranked second in seven areas—Atlanta, Cincinnati, Colorado, Denver, Hawaii, Minneapolis/St. Paul, and Texas (table 1). The highest percentage of treatment admissions for primary marijuana was in South Florida/Miami-Dade County (38.8 percent), and the lowest proportion was in Boston (3.5 percent) in 2012 (table 28, figure 21).

Figure 21. Primary Marijuana Treatment Admissions as a Percentage of Total Treatment Admissions in 23 CEWG Areas[1]: 2012[2]



[1]These treatment admissions data are provided by area representatives for cross-area reporting from June CEWG meeting area reports. Appendix table 2 contains details of these data for each area and descriptions of populations covered. The data presented are treatment admissions for which the primary drug of abuse is reported as marijuana.
[2]Data are for calendar year 2012 (January through December) for all areas except Detroit, where data are for fiscal year 2012 (October 2011 through September 2012).
SOURCE: CEWG area reports, June 2013 meeting

Table 28. Primary Marijuana Treatment Admissions in 23 CEWG Areas, as a Percentage of Total Substance Abuse Admissions, Including Primary Alcohol Admissions[1]: 2012[2]

CEWG Areas	Primary Marijuana Admissions	Percentage of Total Admissions
	#	%
Albuquerque/New Mexico	351	10.6
Atlanta	1,435	16.3
Baltimore City	2,471	15.7
Boston[3]	526	3.5
Cincinnati	1,032	29.6
Colorado	6,247	19.1
Denver	2,785	20.0
Detroit	1,166	13.8
Hawaii	2,579	25.7
Los Angeles	12,256	26.9
Maine	1,113	8.7
Maryland	11,246	20.3
Minneapolis/St. Paul	3,435	16.3
New York City	18,182	24.5
Philadelphia	1,598	18.9
Phoenix[3]	1,945	20.3
St. Louis	2,182	16.9
San Diego	2,596	18.0
San Francisco	2,137	9.5
Seattle	1,834	18.2
South Florida/Broward County	1,748	29.8
South Florida/Miami-Dade County	1,576	38.8
Texas[4]	16,740	22.7

[1]More information on these data is available in the footnotes and notes for appendix table 2.
[2]Data are calendar year 2012 (January through December) for all areas except Detroit, where data are for fiscal year 2012 (October 2011 through September 2012).
[3]Treatment data for Boston do not include admissions younger than 14, while Phoenix treatment data do not include admissions younger than 18.
[4]Texas treatment data reported in this June 2013 *Highlights and Executive Summary Report* are the data reported at the June 2013 CEWG meeting. They differ from those reported later as updates by the area representative in the Texas full area report appendix that is included in the June 2013 Volume II compilation of full area reports (see that appendix for updated numbers).
SOURCE: June 2013 State and local CEWG reports

- **Gender of Marijuana/Cannabis Admissions. Males** predominated in all 22 CEWG areas reporting on the gender of primary marijuana/cannabis admissions in **2012** (table 29). The proportion of males ranged from a high of approximately 87 percent of marijuana/cannabis admissions in Philadelphia to a low of approximately 58 percent in Phoenix.

- **Age of Marijuana/Cannabis Admissions.** Across 18 of the 21 CEWG areas for which age distributions were reported for **2012,** the majority (or very close to a majority as in the case of Philadelphia) of primary marijuana/cannabis treatment admissions were **25 and younger**. Exceptions were New York City and Phoenix. Los Angeles, South Florida/Miami-Dade County, and South Florida/Broward County had the highest proportions of primary marijuana/cannabis treatment admissions who were **younger than 18,** at more than one-half (59.3, 56.5, and 50.7 percent, respectively). Philadelphia (44.1 percent) and Albuquerque/New Mexico (42.2 percent) had the highest proportions of marijuana/cannabis admissions in the next **age cohort, 18–25**. Older primary marijuana/cannabis treatment admissions (**35 and older**) were most common in New York City and Phoenix, at approximately 26 percent each (table 29).

- Of 18 CEWG areas reporting treatment admissions data for marijuana for 5 years from **2008 to 2012,** 8 showed increases (Baltimore City, Hawaii, Los Angeles, Maryland, New York City, Philadelphia, Phoenix, and Seattle), the largest being in Los Angeles (7.0 percentage points). Eight areas showed decreases—Atlanta, Boston, Colorado, Denver, Maine, Minneapolis/St. Paul, St. Louis, and San Diego (St. Louis had the largest decline at 6.8 percentage points), and in two areas, Detroit and Texas, proportions of primary marijuana treatment admissions were approximately stable over the 5-year period, with a difference of less than 1.0 percent (table 30).

- From **2011 to 2012,** 17 of 22 reporting areas showed a decline in percentages of treatment admissions for primary marijuana, while 4 showed increases (Hawaii, Los Angeles, Maryland, and South Florida/Miami-Dade County). One area, Baltimore City, had approximately stable proportions (less than a 1.0-percent change in 2011 and 2012 percentages). The largest decrease over the 2-year period in marijuana admission proportions was in Phoenix (3.3 percentage points), and the largest increase was in Hawaii (2.6 percentage points) (table 30, figure 22).

Table 29. Demographic Characteristics of Primary Marijuana Treatment Admissions in 22 CEWG Areas, as a Percentage of Total Marijuana Admissions[1]: 2012[2]

CEWG Areas[3]	Gender[4]		Age Group[4]			
	Male	Female	Younger Than 18	18–25	26-34	35 and Older
Albuquerque/New Mexico	76.1	23.9	11.1	42.2	24.2	21.9
Atlanta	66.8	33.2	18.7	35.5	25.1	20.7
Baltimore City	80.0	20.0	40.3	31.6	17.3	10.8
Boston[5]	76.2	23.6	12.5	38.2	26.0	22.1
Cincinnati	75.6	24.4	33.7	25.1[6]	25.4[6]	15.8
Colorado	78.3	21.7	25.9	31.1	24.6	18.1
Denver	79.1	20.9	30.3	28.6	24.7	16.3
Detroit	64.2	35.8	20.5	39.4	20.2[7]	20.0[7]
Los Angeles	64.8	35.2	59.3	19.2	10.1	11.4
Maine	72.2	27.8	27.6	33.3	20.6	18.5
Maryland	77.1	22.9	36.9	37.9	15.8	9.4
Minneapolis/St. Paul	77.6	22.4	32.3	36.8	18.2	12.8
New York City	76.9	23.1	10.1	33.3	30.6	26.0
Philadelphia	87.3	12.7	5.1	44.1	37.1	13.7
Phoenix[5]	57.8	42.2	—[5]	37.7	36.5	25.8
St. Louis	70.8	29.2	31.7	26.2	22.6	19.5
San Diego	74.4	25.6	45.1	23.5	16.6	14.8
San Francisco	71.1	28.9	45.2	21.2	18.0	15.6
Seattle	74.1	25.9	47.9	21.0	21.3[8]	9.8[8]
South Florida/ Broward County	80.3	19.7	50.7	26.5	12.0	10.9
South Florida/ Miami-Dade County	72.1	27.9	56.5	22.2	14.3	7.0
Texas	72.0	28.0	NR[9]	NR[9]	NR[9]	NR[9]

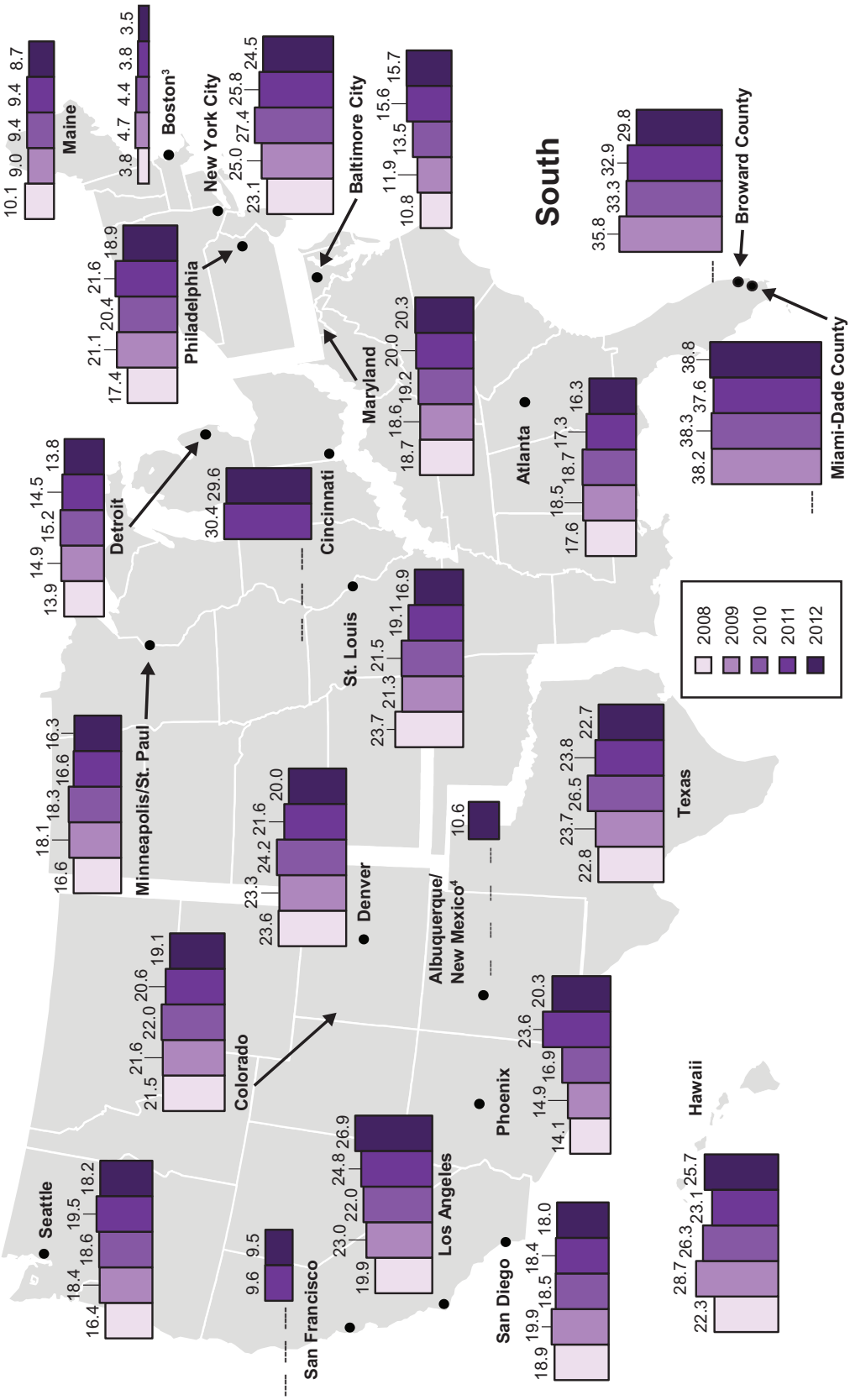
[1]Percentages are rounded to one decimal place.
[2]Data are for calendar year 2012 (January though December) for all areas except Detroit, where data are for fiscal year 2012 (October 2011 through September 2012).
[3]No data were available for Hawaii.
[4]Percentages may not add to 100 percent due to the presence of unknown gender or age.
[5]Treatment data for Boston do not include admissions younger than 15. Phoenix treatment data do not include admissions younger than 18; therefore, reports of treatment admissions for clients younger than 18 do not apply to Phoenix.
[6]The age ranges are 18–24 and 24–34 in Cincinnati.
[7]Age ranges are 26–35 and 36 and older for Detroit.
[8]The age ranges are 26–39 and 40 and older for Seattle.
[9]NR=Not reported.
SOURCE: June 2013 State and local CEWG reports

Table 30. Primary Marijuana Treatment Admissions, as a Percentage of Total Admissions in 22 CEWG Areas, and Percentage-Point Changes for 2 Time Periods: 2008–2012 and 2011–2012[1]

CEWG Areas[2]	Years (in Percent)					Percentage-Point Change	
	2008	2009	2010	2011	2012	2008–2012	2011–2012
Atlanta[3]	17.6	18.5	18.7	17.3	16.3	-1.3	-1.0
Baltimore City[3]	10.8	11.9	13.5	15.6	15.7	+4.9	+0.1[4]
Boston[3,5]	3.8	4.7	4.4	3.8	3.5	-0.3	-0.3
Cincinnati	—[6]	—[6]	—[6]	30.4	29.6	—[7]	-0.8
Colorado	21.5	21.6	22.0	20.6	19.1	-2.4	-1.5
Denver	23.6	23.3	24.2	21.6	20.0	-3.6	-1.6
Detroit	13.9	14.9	15.2	14.5	13.8	-0.1[4]	-0.7
Hawaii	22.3	28.7	26.3	23.1	25.7	+3.4	+2.6
Los Angeles	19.9	23.0	24.0	24.8	26.9	+7.0	+2.1
Maine	10.1	9.0	9.4	9.4	8.7	-1.4	-0.7
Maryland[3]	18.5	18.6	19.2	20.0	20.3	+1.8	+0.3
Minneapolis/St. Paul	16.6	18.1	18.3	16.6	16.3	-0.3	-0.3
New York City	23.1	25.0	27.4	25.8	24.5	+1.4	-1.3
Philadelphia[3]	17.4	21.1	20.5	21.6	18.9	+1.5	-2.7
Phoenix[5]	14.1	14.9	16.9	23.6	20.3	+6.2	-3.3
St. Louis	23.7	21.3	21.5	19.1	16.9	-6.8	-2.2
San Diego	18.9	19.9	18.5	18.4	18.0	-0.9	-0.4
San Francisco	—[6]	—[6]	—[6]	9.6	9.5	—[7]	-0.1
Seattle	6.4	18.4	18.6	19.5	18.2	+1.8	-1.3
South Florida/ Broward County	—[8]	35.8	33.3	32.9	29.8	—[7]	-3.1
South Florida/ Miami-Dade County	—[8]	38.2	38.3	37.6	38.8	—[7]	+1.2
Texas[3]	22.8	23.7	26.5	23.8	22.7	-0.1[4]	-1.1

[1]Calendar year (January through December) for all areas except Detroit, where data for 2008–2011 are calendar year, and 2012 data are fiscal year (October 2011 through September 2012).
[2]Only 2012 data were available for Albuquerque/New Mexico, which was not included in this table; the 2012 percentage of primary marijuana treatment admissions was 10.6 percent.
[3]Data for these areas do not match data contained in previous June reports, as these data were updated by the area representatives.
[4]Where differences in proportions of marijuana admissions were less than 1.0 percent in 2012, compared with either 2008 or 2011, stability in the proportions was assessed (designated in green, rather than blue for increase and black for decrease).
[5]Treatment data for Boston do not include admissions younger than 14. Treatment data for Phoenix do not include admissions younger than 18.
[6]Cincinnati and San Francisco data were not comparable over the period due to changes in reporting in 2010.
[7]Percentage-point changes could not be calculated due to missing data.
[8]South Florida/Broward and Miami-Dade Counties 2008 data were not comparable with 2009 and later data, since they represent discharges not admissions.
SOURCES: June 2013 State and local CEWG reports; *June 2011 Highlights and Executive Summary Volume I* CEWG report, p. 76; *June 2010 Highlights and Executive Summary Volume I* CEWG report, p. 88; *June 2009 Highlights and Executive Summary Volume I* CEWG report, p. 74; and *June 2008 Highlights and Executive Summary Volume I* CEWG report, p. 72

Figure 22. Primary Marijuana Treatment Admissions as a Percentage of Total Treatment Admissions in 23 CEWG Areas in 4 U.S. Regions[1]: 2008–2012[2]



[1]These treatment admissions data are provided by area representatives for cross-area reporting from June CEWG meeting area reports. The data presented are treatment admissions for which the primary drug of abuse is reported as marijuana (see appendix table 2 for more information on geographic coverage and completeness of these data).
[2]Data are for calendar years (January through December) from 2008 through 2012 for all areas, except Detroit, where data for 2008–2011 are for calendar years, and 2012 data are fiscal year (October 2011 through September 2012).
[3]Boston data for 2008–2011 do not match data shown in previous June reports, as these data were updated by the area representative.
[4]Data for the Albuquerque/New Mexico area are for New Mexico only and were not available prior to 2012.
SOURCE: CEWG area reports, June 2009–2013 meetings

DAWN ED Visits:

- Estimated numbers and rates of **ED visits involving marijuana** increased in five of nine CEWG areas for which weighted DAWN data were reported from **2004 to 2011**. Statistically significant increases in marijuana visits were reported for Boston, Denver, Detroit, New York City, and San Francisco, as well as the United States, with respective increases of 59, 230, 213, 225, 146, and 62 percent (table 31).

- Two of 11 reporting areas—Detroit and New York City—showed increases in estimated ED visits involving marijuana of 27 and 6 percent, respectively, for the period **2010–2011**. One area, Seattle, experienced a 3-percent decline in ED visits involving marijuana in the recent 2-year period. Eight areas and the United States showed stability in this time period (table 31).

- From **2009 to 2011,** in seven areas (Broward [Miami-Ft. Lauderdale], Detroit, Minneapolis/St. Paul, New York City, Phoenix, Seattle, and San Francisco), ED visits involving marijuana increased, with a 40-percent increase being the highest observed in Broward and San Francisco each. The remaining four areas (Boston, Chicago, Denver, and Miami-Dade) and the United States showed stable proportions and rates (table 31).

NFLIS Drug Reports:

- In the United States and in all but 9 of 25 CEWG areas, **marijuana/cannabis** was the most frequently **reported drug** among drug items seized and analyzed in NFLIS forensic laboratories in **2012**. The drug **ranked in first place** in Colorado, Honolulu, Los Angeles, Phoenix, and Texas in the West; Chicago, Cincinnati, Detroit, Michigan, and St. Louis in the Midwest; Boston, New York City, and Philadelphia in the Northeast; and Baltimore City, Maryland, and Washington, DC, in the South. The drug ranked first in the United States. Marijuana/cannabis ranked second in drug reports in Denver, Miami, San Diego, and San Francisco (table 2). Chicago had the highest percentage of marijuana/cannabis drug reports in 2012 at 56.2 percent, followed by Honolulu at 53.2 percent. The lowest was in Atlanta (2.5 percent) (figure 23; appendix table 3).

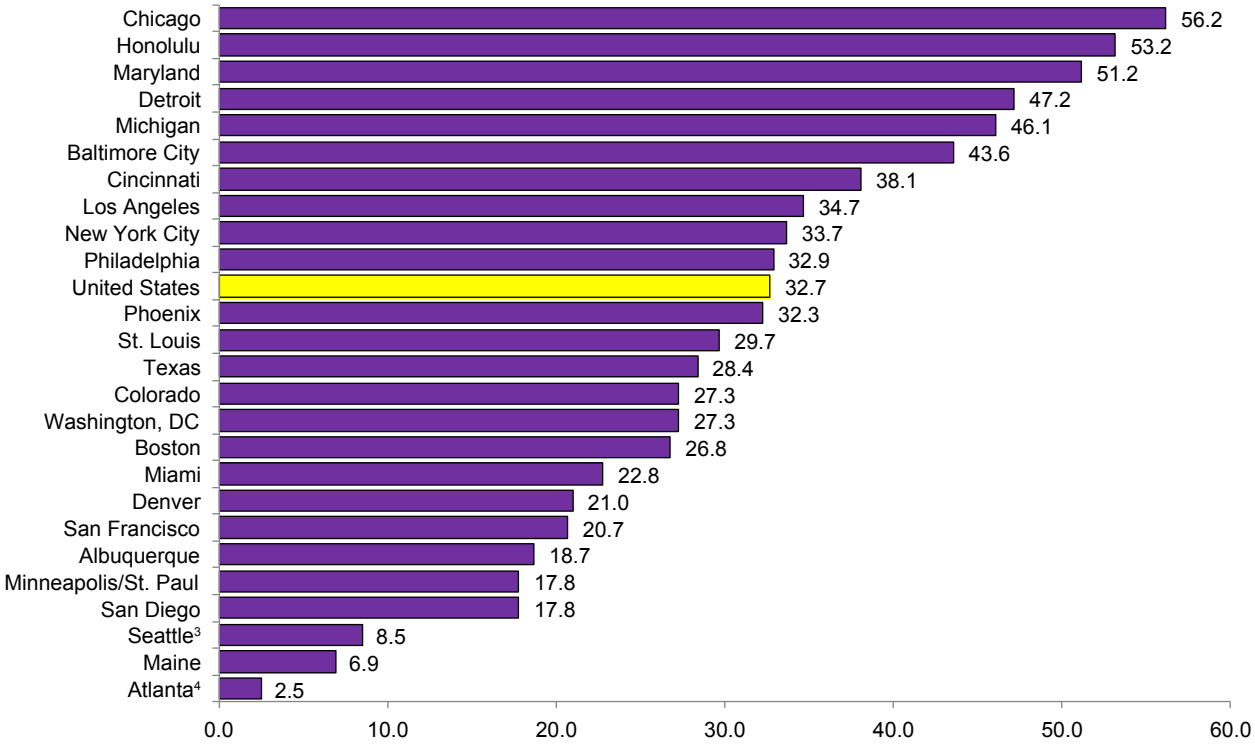
- Of 25 areas with NFLIS data for **2011 and 2012,** 11 areas (Albuquerque, Baltimore City, Boston, Detroit, Honolulu, Miami, New York City, Philadelphia, Phoenix, San Francisco, and Washington, DC) showed increased percentages of marijuana/cannabis drug reports, while 13 areas and the United States showed decreases. The areas in which marijuana drug report proportions declined were Atlanta, Chicago, Cincinnati, Colorado, Denver, Los Angeles, Maine, Michigan, Minneapolis/St. Paul, St. Louis, San Diego, Seattle, and Texas. In one area, Maryland, proportions were approximately stable over the 2-year period. The largest increase, of 12.5 percentage points, in the 2-year period was in Honolulu; San Diego had the largest decrease in marijuana/cannabis reports, at 10.7 percentage points (figure 1).

Table 31. Weighted Estimates[1] of Drug Misuse/Abuse-Related Emergency Department (ED) Visits Involving Marijuana[2], and Rates per 100,000 Population for 11 CEWG Areas and the United States: 2004, 2009–2011

CEWG Areas	Estimated Numbers of ED Visits and (Rates per 100,000 Population) 2004	Estimated Numbers of ED Visits and (Rates per 100,000 Population) 2009	Estimated Numbers of ED Visits and (Rates per 100,000 Population) 2010	Estimated Numbers of ED Visits and (Rates per 100,000 Population) 2011	Percent and Direction of Change 2004–2011[3] (%)	Percent and Direction of Change 2009–2011[3] (%)	Percent and Direction of Change 2010–2011[3] (%)
Boston	5,252 (118.7)	7,806 (172.4)	7,827 (171.7)	8,362 (182.1)	+59	—	—
Broward (Miami-Ft. Lauderdale)	NA[4]	2,870 (94.4)	3,249 (105.7)	4,007 (128.6)	…[5]	+40	—
Chicago	11,544 (124.7)	12,561 (133.2)	14,154 (149.4)	14,872 (156.2)	—	—	—
Denver	1,172 (50.9)	3,167 (126.2)	4,005 (156.8)	3,871 (148.9)	+230	—	—
Detroit	2,935 (66.0)	7,308 (169.5)	7,252 (169.0)	9,175 (214.1)	+213	+26	+27
Miami-Dade	3,755 (159.2	3,375 (137.0)	3,153 (126.0)	4,798 (187.8)	—	—	—
Minneapolis/St. Paul	4,455 (143.5)	5,596 (171.6)	6,794 (206.8)	6,627 (199.7)	—	+18	—
New York City	5,920 (73.6)	15,310 (188.3)	18,102 (221.1)	19,224 (233.2)	+225	+26	+6
Phoenix	2,671 (73.4)	4,043 (97.3)	4,536 (107.8)	4,901 (115.0)	—	+21	—
Seattle	…[6]	3,418 (100.1)	4,815 (139.7)	4,689 (134.0)	…[6]	+37	-3
San Francisco	1,166 (68.8)	2,053 (116.2)	2,947 (165.8)	2,868 (159.8)	+146	+40	—
United States	281,619 (96.2)	396,492 (122.7)	461,028 (149.0)	455,668 (146.2)	+62	—	—

[1]Estimates of ED visits are based on a representative sample of non-Federal, short-stay hospitals with 24-hour EDs in the United States.
[2]It should be noted that summing or combining visits for drugs, cocaine, heroin, methamphetamine, and other drugs, produces incorrect and inflated counts, since ED visits often involve multiple drug reports, and these visits will appear multiple times in the data tables.
[3]This column denotes statistically significant ($p<.05$) increases or decreases between estimates for the periods shown. Results of statistical testing were provided by SAMHSA. The symbol, "—" indicates no statistically significant changes in the estimates between the reporting periods shown.
[4]"NA" indicates that data were not available for this time period.
[5]No significance tests could be performed due to lack of data for 1 or both of the comparison years.
[6]Seattle data for 2004 may not be comparable with data for 2009–2011, and comparisons of ED visits and ED visit rates for that area are not reported here.
SOURCE: DAWN, SAMHSA

Figure 23. Marijuana/Cannabis Drug Reports Identified Among Drug Items Seized and Analyzed in NFLIS Forensic Laboratories, as a Percentage of Total NFLIS Drug Reports[1], in 25 CEWG Areas and the United States: 2012[2]



[1]NFLIS methodology allows for the accounting of up to three drug reports per item submitted for analysis. The data presented are a combined count including primary, secondary, and tertiary reports for each selected drug item seized and analyzed.
[2]Data are for calendar year 2012, January–December; see appendix tables 3.1–3.26. Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.
[3]Police evidence positive for marijuana/cannabis dropped in King County and statewide, which was attributed by the area representative to policy resources and increases in some field testing for marijuana.
[4]In 2004, Georgia initiated a statewide administrative policy that when cannabis is seized by law enforcement officers, laboratory testing is not required. This results in artificially low numbers of such drug reports identified in this CEWG area compared with other CEWG areas.
SOURCE: NFLIS, DEA, data for all areas were retrieved on May 7–9, 2013

Other Drugs

MDMA/Ecstasy

Indicators for MDMA (3,4-methylenedioxymethamphetamine) were reported as low or very low relative to other drugs in all CEWG areas in 2012. MDMA was not cited among key findings for the reporting period by area representatives. However, several area representatives reported that drugs sold as "ecstasy" in their areas were no longer MDMA. In the South Florida/Miami-Dade and Broward Counties area, substances called "Mollys" were being sold as ecstasy, but they were identified as containing methylone rather than MDMA. YRBS data showed increases in several CEWG areas in the western, midwestern, and northeastern regions in 2011 for lifetime use of MDMA/ecstasy.

YRBS High School Survey Data on Lifetime Ecstasy (MDMA) Use:

- From **2005 to 2011,** lifetime ecstasy (MDMA) use among high school students surveyed increased significantly in the United States and in 10 of 12 reporting CEWG areas. These areas included all reporting areas in the western, midwestern, and northeastern regions and three of five areas in the southern region. Significant increases were observed from 2005 to 2011 in MDMA use in Colorado, Hawaii, Los Angeles, San Diego, and Texas in the western region. Chicago, in the Midwest, and New York City, in the Northeast, experienced significant increases in MDMA use from 2005 to 2011. Increases were also observed in the southern region for Broward, Miami-Dade, and Palm Beach Counties in South Florida. Two areas showed no significant change in ecstasy use; these were Maryland and Washington, DC. Seven areas were missing data for both years (Boston, Detroit, Maine, New Mexico, Philadelphia, San Francisco, and Seattle) (see January 2013 CEWG *Highlights and Executive Summary* report for data).

- From **2009 to 2011,** in 15 reporting areas, lifetime ecstasy (MDMA) use among high school students increased in 5 areas; these were Los Angeles, Palm Beach County, San Diego, San Francisco, and Texas. MDMA use also increased significantly in the United States in the period. None of the other reporting areas showed significant changes in lifetime MDMA use; these included Boston, Broward County, Chicago, Colorado, Hawaii, Maryland, Miami-Dade County, New Mexico, New York City, and Philadelphia. Detroit, Maine, and Seattle were missing data for 1 or both years. (see January 2013 CEWG *Highlights and Executive Summary* report for data).

Other Highlights - Cross-Area Data Sources:

NFLIS Drug Reports:

- **MDMA,** or ecstasy, ranked among the top 10 drug reports (primary, secondary, and tertiary reports) from items seized and identified in NFLIS laboratories in 5 of 25 CEWG areas. It ranked 5th in Honolulu, 7th in Chicago, 8th in Los Angeles, 9th in San Francisco, and 10th in San Diego (table 2; appendix table 3).

- The proportions of MDMA among analyzed NFLIS drug reports from items seized and identified in forensic laboratories were less than 1.0 percent in the United States and in all but 2 of 25 CEWG areas—San Francisco and Seattle, where percentages were 1.1 and 1.0, respectively (table 32).

PCP and Other Drugs

PCP (phencyclidine) continued to be reported by area representatives in 2012 as a drug of concern in some CEWG areas, specifically New York City, Philadelphia, and Baltimore/Maryland/Washington, DC, where the drug continued to appear among primary treatment admissions, drug reports among items analyzed in forensic laboratories, and death data. In addition to these areas that have reported on PCP in recent reporting periods, the area representative from Chicago reported an increase in 2012 from 2011 in drug reports in that area from seized and analyzed items. The Texas area representative reported an increase in 2012 from 2011 in primary treatment admissions for PCP in the State. The St. Louis area representative reported that PCP remained an indigenous drug of choice in 2012 for inner-city African-Americans.

Other Highlights - Cross-Area Data Sources:

NFLIS Drug Reports:

- **PCP ranked** among the top 10 most frequent **NFLIS drug reports** from items seized and analyzed in NFLIS laboratories in 7 of 25 CEWG areas in this reporting period. PCP ranked sixth as the most frequently reported drug in forensic laboratories in **2012** in Los Angeles, New York City, and Washington, DC. PCP ranked 7th in Philadelphia and Chicago, and 10th in Maryland and Seattle (table 2; appendix table 3). PCP reports were highest in Washington, DC, at 5.4 percent of total drug reports, followed by Miami (2.2 percent) and Philadelphia (2.0 percent) (table 32).

- NFLIS data for other drugs are shown in table 32, including LSD (lysergic acid diethylamide), ketamine, BZP (1-benzylpiperazine), carisoprodol (a muscle relaxant), psilocin, TFMPP (1-(3-trifluoromethylphenyl)piperazine), Foxy methoxy (5-MeO-DIPT), levamisole (phenylimidothiazole isomer undetermined), and dimethyl sulfone (the last two drugs are cutting agents for cocaine and methamphetamine, and are included by NFLIS in their top 10 rankings).

Table 32. Number and Percentage of MDMA, TFMPP, BZP, PCP, Carisoprodol, Ketamine, Psilocin, LSD, and Reports for Other Selected Drugs and Substances[1], as a Proportion of the Total Drug Reports Among Drug Items Identified by Forensic Laboratories, in 25 CEWG Areas and the United States: CY 2012[2]

CEWG Area	MDMA	TFMPP[3]	BZP	PCP	Caris-oprodol	Keta-mine	Psilocin[4]	LSD	Levamisole (Phenylimido-thiazole Isomer Undetermined)[3]	Dimethyl Sulfone[3]	5-MeO-DIPT[5]	Total
Albuquerque	5 (0.2)	—	1 (0.1)	1 (0.1)	—	5 (0.2)	5 (0.2)	—	35 (1.3)	37 (1.4)	—	2,660
Atlanta	38 (0.2)	247 (1.4)	9 (0.1)	—	112 (0.6)	13 (0.1)	46 (0.3)	20 (0.1)	76 (0.4)	57 (0.3)	29 (0.2)	17,387
Baltimore City	8 (0.0)	3 (0.0)	40 (0.1)	11 (0.0)	4 (0.0)	3 (0.0)	8 (0.0)	2 (0.0)	—	—	35 (0.1)	32,444
Boston	38 (0.2)	1 (0.0)	17 (0.1)	40 (0.2)	10 (0.1)	17 (0.1)	83 (0.4)	5 (0.0)	86 (0.4)	6 (0.0)	4 (0.0)	19,310
Chicago	451 (0.7)	27 (0.0)	639 (0.9)	451 (0.7)	7 (0.0)	30 (0.0)	139 (0.2)	34 (0.0)	315 (0.5)	9 (0.0)	257 (0.4)	68,776
Cincinnati	13 (0.1)	—	48 (0.5)	—	3 (0.1)	1 (0.0)	15 (0.1)	11 (0.1)	1 (0.0)	—	4 (0.1)	10,420
Colorado	111 (0.8)	4 (0.0)	60 (0.5)	—	7 (0.1)	18 (0.1)	145 (1.1)	18 (0.1)	35 (0.3)	87 (0.7)	77 (0.6)	13,150
Denver	47 (0.5)	4 (0.0)	49 (0.6)	—	4 (0.0)	10 (0.1)	80 (0.9)	8 (0.1)	16 (0.2)	29 (0.3)	53 (0.6)	8,576
Detroit	21 (0.3)	44 (0.6)	30 (0.4)	—	—	2 (0.0)	11 (0.1)	1 (0.0)	31 (0.4)	8 (0.1)	3 (0.0)	7,787
Honolulu	26 (0.9)	3 (0.1)	3 (0.1)	—	1 (0.0)	—	1 (0.0)	—	16 (0.5)	34 (1.2)	—	2,946
Los Angeles	272 (0.7)	39 (0.1)	36 (0.1)	358 (0.9)	162 (0.4)	32 (0.1)	124 (0.3)	22 (0.1)	106 (0.3)	97 (0.2)	2 (0.0)	39,455
Maine	7 (0.6)	1 (0.1)	8 (0.7)	—	1 (0.1)	—	8 (0.7)	5 (0.4)	31 (2.7)	—	—	1,154
Maryland	55 (0.1)	17 (0.0)	122 (0.2)	346 (0.5)	88 (0.1)	20 (0.0)	96 (0.1)	18 (0.0)	190 (0.2)	1 (0.0)	96 (0.1)	76,483
Miami	107 (0.5)	86 (0.4)	113 (0.5)	524 (2.2)[6]	33 (0.1)	7 (0.0)	27 (0.1)	5 (0.0)	246 (1.0)	38 (0.2)	89 (0.4)	23,671
Michigan	91 (0.3)	112 (0.3)	80 (0.2)	—	3 (0.0)	13 (0.0)	128 (0.4)	28 (0.1)	51 (0.1)	18 (0.1)	9 (0.0)	34,853
Minneapolis/ St. Paul	42 (0.7)	53 (0.9)	97 (1.6)	19 (0.3)	14 (0.2)	—	47 (0.8)	11 (0.2)	34 (0.6)	55 (0.9)	27 (0.4)	6,067
New York City	260 (0.5)	2 (0.0)	204 (0.4)	796 (1.6)	2 (0.0)	339 (0.7)	56 (0.1)	23 (0.0)	279 (0.6)	9 (0.0)	3 (0.0)	48,613

Table 32 (continued). Number and Percentage of MDMA, TFMPP, BZP, PCP, Carisoprodol, Ketamine, Psilocin, LSD, and Reports for Other Selected Drugs and Substances[1], as a Proportion of the Total Drug Reports Among Drug Items Identified by Forensic Laboratories, in 25 CEWG Areas and the United States: CY 2012[2]

CEWG Area	MDMA	TFMPP[3]	BZP	PCP	Caris-oprodol	Keta-mine	Psilocin[4]	LSD	Levamisole (Phenylimido-thiazole Isomer Undetermined)[3]	Dimethyl Sulfone[3]	5-MeO-DIPT[5]	Total
Philadelphia	29 (0.1)	2 (0.0)	24 (0.1)	527 (2.0)	—	2 (0.0)	5 (0.0)	10 (0.0)	23 (0.1)	4 (0.0)	3 (0.0)	26,735
Phoenix	36 (0.3)	45 (0.4)	19 (0.2)	15 (0.1)	99 (0.9)	10 (0.1)	34 (0.3)	—	14 (0.1)	20 (0.2)	3 (0.0)	10,518
St. Louis	37 (0.2)	2 (0.0)	106 (0.6)	46 (0.3)	31 (0.2)	14 (0.1)	50 (0.3)	12 (0.1)	74 (0.4)	31 (0.2)	38 (0.2)	17,294
San Diego	114 (0.9)	6 (0.0)	14 (0.1)	41 (0.3)	27 (0.2)	9 (0.1)	51 (0.4)	8 (0.1)	211 (1.6)	235 (1.8)	2 (0.0)	13,238
San Francisco	149 (1.1)	2 (0.0)	8 (0.1)	4 (0.0)	43 (0.3)	13 (0.1)	84 (0.6)	16 (0.1)	44 (0.3)	60 (0.4)	1 (0.0)	13,630
Seattle	22 (1.0)	7 (0.3)	26 (1.1)	24 (1.1)	—	3 (0.1)	15 (0.7)	2 (0.1)	40 (1.8)	37 (1.6)	1 (0.0)	2,265
Texas	368 (0.5)	170 (0.2)	110 (0.1)	359 (0.5)	771 (1.0)	12 (0.0)	212 (0.3)	15 (0.0)	700 (0.9)	475 (0.6)	108 (0.1)	77,907
Washington, DC	12 (0.3)	52 (1.2)	76 (1.7)	235 (5.4)	—	5 (0.1)	8 (0.2)	3 (0.1)	424 (9.7)	12 (0.3)	56 (1.3)	4,383
United States	4,895 (0.3)	2,044 (0.1)	4,278 (0.3)	5,130 (0.4)	4,502 (0.3)	1,031 (0.1)	4,150 (0.3)	785 (0.1)	8,233 (0.6)	7,203 (0.5)	2,203 (0.2)	1,408,959

[1]NFLIS methodology allows for the accounting of up to three drug reports per item submitted for analysis. The data presented are a combined count including primary, secondary, and tertiary reports for each drug item seized and analyzed.
[2]Data are for January–December 2012; see appendix tables 3.1–3.26. Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.
[3]Because these are not scheduled drugs, they may not be reported in all NFLIS areas. Levamisole is a common cutting agent for cocaine (and sometimes heroin), and dimethyl sulfone is a common cutting agent for methamphetamine.
[4]Psilocybine, psilocybin, psylocin, and psilocin are grouped together in this table under the category, "Psilocin."
[5]5-Methoxy-N,N-Diisopropyltryptamine or "Foxy methoxy." 5-MeO-DPT, 5-MeO-DALT, 5-MeO-DMT, and 5-MeO-DPT are included in these totals.
[6]Miami does not report PCP as a separate category; PCP is included in the category "hallucinogens."
SOURCE: NFLIS, DEA, data for all areas and the United States were retrieved on May 7–9, 2013

Cannabimimetics (Synthetic Cannabinoids)[7]

Overall, synthetic drugs, such as cannabimimetics (synthetic cannabinoids) and substituted (synthetic) cathinones, were reported as showing mixed patterns, after manifesting large increases in NFLIS seizure data over the past few reporting periods. While slight declines or stability were reported for most areas, drug reports from items seized and analyzed as containing cannabimimetics and substituted cathinones were reported as increasing by the Albuquerque/New Mexico (cannabimimetics) and the Baltimore/Maryland/Washington, DC, area representatives (cannabimimetics and substituted cathinones). **The sharp increase in indicators for cannabimimetics and substituted cathinones in 2012, compared with 2011, was a key finding reported in the Albuquerque/New Mexico and Baltimore/Maryland/Washington, DC, areas.**

- **Western Region:** Increasing indicators for cannabimimetics in 2012 compared with 2011 were reported by the area representative from **Albuquerque/New Mexico**. Numbers of reports identified as cannabimimetics among analyzed drug items increased in Albuquerque in number from 5 in 2011 to 97 in 2012. In addition, data from poison control centers also showed an increase in synthetic cannabinoid cases in Bernalillo County (Albuquerque), with the number of cases involving THC (tetrahydrocannabinol) homologs increasing by 292.3 percent between fiscal year (FY) 2010–2011 and FY 2011–2012. While remaining at low levels compared with other drugs in **Los Angeles,** synthetic cannabinoids (cannabimimetics) were reported in 1.3 percent of 2012 Los Angeles poison control center calls; this was an increase from 0.6 percent in 2011. Stable indicators were reported in 2012 by the area representative from **Denver/Colorado**. Decreasing indicators for THC homologs were reported in 2012 from 2011 by the area representative from **Phoenix**. The numbers of calls to the poison control center in Maricopa County (Phoenix) related to THC homologs declined from 127 calls in the second half of 2011, to 95 calls in the first half of 2012, to 74 calls in the second half of 2012. In **Texas,** indicators for synthetic cannabinoids (cannabimimetics) showed a decline in the previous reporting period due to scheduling at both the Federal and the State level; however, some indicators, such as calls to the Texas Poison Center Network, appeared to be returning in 2012 to previous levels.

- **Midwestern Region:** Increasing indicators for cannabimimetics in 2012 compared with 2011 were reported by the area representatives from **Minneapolis/St. Paul** and **Detroit**. From 2011 to 2012, the number of reported exposures to the Hennepin Regional Poison Center (Minneapolis) involving THC homologs increased from 149 to 157. The area representative from **Detroit** reported that synthetic cannabinoids were scheduled in the State of Michigan based on an increase in the number of poison control center calls related to these drugs; there were 224 calls in Michigan for synthetic cannabinoids (cannabimimetics) in 2011 and 126 calls through March 2012. Decreasing indicators for 2012 compared with 2011 were reported by the area representatives from **Cincinnati** and **St. Louis**. The number of calls related to synthetic cannabinoids (cannabimimetics) in Cincinnati decreased from 117 calls during 2011 to 52 calls in 2012. In St. Louis, synthetic cannabinoids were reported in 149 exposure calls to poison control centers in 2012; this number was a decrease from the 286 exposure calls in 2011.

- **Southern Region:** Increasing indicators for cannabimimetics were reported by the area representative from **Baltimore/Maryland/Washington, DC**. The number of drug reports identified among seized and analyzed drug items as synthetic marijuana increased sharply from 2010 to 2012, from 1 report in 2010 to 33 reports in 2012 in Washington, DC, and from 43 reports in 2010 to

[7]None of the area representatives from the northeastern region reported on changes in cannabimimetic indicators in the recent reporting period; no section for that region is included here.

897 reports in 2012 in Maryland. The number of types of synthetic marijuana (cannabimimetics) found in Maryland drug reports among items analyzed in NFLIS laboratories increased from none in 2009, to 10 in 2011, to 14 in 2012. In addition, seizures of the cannabimimetics "K2" and "Spice" in Maryland by High Intensity Drug Trafficking Area initiatives increased from 165 kilograms in 2011 to 634 kilograms in 2012. Stable indicators for cannabimimetics were reported for 2012, compared with 2011, by the **Atlanta** area representative. The number of exposure calls regarding cannabimimetics in Atlanta increased sharply from 3 calls 2010 to 154 calls in 2011, but the number stabilized in 2012 at 149 calls. The **South Florida/Miami-Dade and Broward Counties** area representative reported that calls to poison control centers statewide in Florida for synthetic cannabinoids (e.g., "K2" or "Spice") stabilized in 2012 at 537 calls from 2011 (when there were 517 exposure calls); they declined by 71 percent in the first 4 months of 2013. (Additionally, in 2013 these calls were mostly from the St. Petersburg and Tampa Bay area rather than the two South Florida counties.)

Other Highlights - Cross-Area Data Sources:

Cannabimimetics (synthetic cannabinoids), which have been identified in products marketed under various names including "K2" and "Spice," and synthetic cathinones (also known as substituted cathinones and "bath salts") have been associated with significant health consequences and continue to raise concerns nationally and in local communities. Analysis of NFLIS data for CEWG areas and the United States overall indicates widespread availability and changing varieties of the new substances available.

NFLIS Drug Reports:

- Cannabimimetic agents, **cannabimimetics, or synthetic cannabinoids,** were identified among **NFLIS drug reports** in all 25 areas in **2012**. Nine CEWG areas showed total drug reports equal to or exceeding 1.0 percent identified as cannabimimetics, including Albuquerque/New Mexico (3.5 percent), Atlanta (5.7 percent), Colorado (3.2 percent), Denver (4.0 percent), Maine (3.7 percent), Maryland (1.0 percent), Philadelphia (1.0 percent), St. Louis (3.4 percent), and Texas (4.0 percent). Atlanta had the highest percentage of cannabimimetic drug reports in 2012. Overall, approximately one-third (35.8 percent) of all cannabimimetics identified in United States drug reports in this reporting period were **AM-2201,** followed distantly by **XLR-11** (19.0 percent) and **UR-144** (13.7 percent) (see appendix table 4.1).
- **AM-2201** surfaced for the first time in 7 of 25 CEWG reporting areas among their NFLIS top 10 drug report rankings in 2012: Albuquerque (5th), Denver (6th), Texas (7th), Atlanta, Colorado, and Maryland (8th each), and St. Louis (10th). The drug ranked ninth in the United States drug report proportions in 2012 (table 2). **UR-144** ranked 10th among drug reports in Atlanta. **JWH-122** ranked 7th in Denver and 10th in Colorado, while **JWH-018** ranked 10th in Colorado among NFLIS total drug reports in 2012 (table 2; appendix table 3).

Substituted (Synthetic) Cathinones:

- **Western Region:** Increasing indicators for substituted cathinones were reported for 2012 by the regional representative from **Los Angeles**. Numbers of reports of substituted cathinones among drug items analyzed by forensic laboratories in Los Angeles County increased in 2012; the numbers, however, remained small (*n*=43). Cathinones were identified in two Los Angeles County

coroner toxicology cases in 2012. Cathinones were reported in 0.5 percent of 2012 Los Angeles County poison control center calls; this proportion was stable from 2011 levels. Decreasing indicators in 2012 from 2011 for substituted cathinones were reported by the **Phoenix** area representative, where the numbers of poison center calls for "bath salts" decreased from 176 calls in the second half of 2011, to 82 calls in the first half of 2012, to 53 calls in the second half of 2012. The area representative from **Texas** reported a pattern for substituted cathinones similar to that for cannabimimetics, with the numbers of human exposure calls to the Texas Poison Center Network increasing in the State prior to the implementation of scheduling, then decreasing after scheduling, and then possibly returning to previous levels. The Texas Poison Center Network reported 22 human exposures to "bath salt" substances (substituted cathinones) in 2010, 340 in 2011, 157 in 2012, and 21 through May 31, 2013.

- **Midwestern Region:** Increasing indicators for reports of substituted cathinones among drug items analyzed in forensic laboratories were reported by the **Chicago** area representative. In 2012, there were 558 reports among drug items analyzed by NFLIS laboratories in Chicago for psychoactive drugs commonly found in substances marketed as "bath salts" (substituted cathinones). This was an increase from 159 such reports in 2011. Decreasing indicators were reported for substituted cathinones in **Cincinnati** and **Minneapolis/St. Paul;** the numbers of calls to poison control centers related to substituted cathinones declined in both areas from 2011 to 2012. In Cincinnati, the poison control center recorded 2 human exposures to substituted cathinones in 2010 and 329 cases during 2011; the numbers fell to 31 cases in 2012. Similarly, the Hennepin Regional Poison Center in the Minneapolis/St. Paul area reported 144 calls for substituted cathinone exposures in 2011; the number declined to 87 such calls in 2012.

- **Northeastern Region:** In the Northeast, the **Maine** area representative reported mixed indicators for substituted cathinones. In 2012, NFLIS drug reports for MDPV (3,4-methylenedioxypyrovalerone) were relatively stable, while arrests for substituted cathinones were up sharply, and poison control center calls and impaired drivers declined from 2011. A decline in substituted cathinones in law enforcement seizure data in the first 5 months of 2013, compared with 2012, was reported by the area representative.

- **Southern Region:** Increasing indicators for substituted cathinones were reported by the area representative for the **Baltimore/Maryland/Washington, DC** area. Numbers of reports for these drugs among items analyzed in forensic laboratories increased in Washington, DC, from 13 reports in 2010 to 114 reports in 2012. In Maryland, numbers of reports for these drugs among analyzed items increased from 9 reports in 2010 to 444 reports in 2012. Decreasing indicators were reported by the **Atlanta** area representative for substituted cathinones. While the number of cathinone-related exposure calls to the Georgia Poison Center rose from 3 calls in 2010 to 54 calls in 2011, and in 2012, the number of cathinone-related calls decreased slightly to 39.

Other Highlights Cross-Area Data Sources:

NFLIS Drug Reports:

- One or more **substituted cathinones** were identified in drug reports in all 25 CEWG reporting areas in **2012**. The highest percentage of drug reports identified as substituted cathinones was in Maine, at 4.9 percent; this was followed by 2.8 percent in Atlanta and 2.6 percent in Washington, DC (see appendix table 4.2). **MDPV** was identified in all CEWG areas; it was identified in 25.7 percent (*n*=3,440) of 13,378 total drug reports for substituted cathinones in the United

States. MDPV emerged among the top 10 NFLIS drug reports in 4 areas, holding 7th place in this reporting period in Honolulu, 9th in Chicago and Washington, DC, and 10th in Maine, although the numbers were small (table 2; appendix table 3). Several other substituted cathinones that were identified in CEWG area drug reports in 2012 included methylone, mephedrone, alpha-PVP (alpha-pyrrolidinophentiophenone), 4-MEC (4-methyl-N-ethylcathinone), pentedrone, butylone, and 4-MEPPP (4'-methyl-alpha-pyrrolindinopropiophenone). However, only methylone, besides MDPV, was ranked among the top 10 drug reports in any CEWG areas; in Miami, it ranked seventh, and in Atlanta, ninth (table 2). For the U.S. **NFLIS drug reports** as a whole, the top three substituted cathinones in 2012 were **MDPV** (25.7 percent), **methylone** (28.5 percent), and **alpha-PVP** (21.5 percent). These were followed by 4-MEC (8.3 percent) and pentedrone (6.6 percent) (see appendix table 4.2).

Phenethylamines

Phenethylamine drugs from the 2C family and related NBOMe compounds were reported on at the January 2013 meeting by the DEA forensic chemist as emerging drug issues of concern to the DEA. Two area representatives, from Minneapolis/St. Paul and Texas, reported on these drugs in the June 2013 reports. However, most of the data on these drugs come from NFLIS.

NFLIS Drug Reports:

- Drug reports for the 2C family of **phenethylamines (2C-E, 2C-I, 2C-B, 2C-C, 2C-P, 2C-T-2, 2C-D, 2C-H, and 2C-T-7)** were identified among items seized and analyzed by NFLIS forensic laboratories in 14 of 25 areas in **2012**. None ranked in the top 10 drug reports in any CEWG area or in the United States. A total of 734 such drug reports were identified in the United States, with the majority (56.8 percent) of them identified as **2C-I,** followed by **2C-E** (18.0 percent) (see appendix table 4.3).

HIV/AIDS Related to Drug Abuse

The CEWG continues to monitor trends in injection drug use as important for understanding the consequences of drug use, including transmission of human immunodeficiency virus (HIV), which may develop into acquired immunodeficiency syndrome (AIDS). Eighteen out of 21 area representatives reported HIV/AIDS data at the June 2013 meeting. Of the area representatives who reported trends for injection drug use related to HIV/AIDs, four representatives reported that transmission of or exposure to HIV and AIDS through injection drug use decreased in the most recent reporting period available for that area—Baltimore/Maryland/Washington, DC; Chicago; Phoenix; and San Diego. Injection drug use as an exposure factor for HIV/AIDS was reported as stable in recent years in Atlanta, Detroit, Los Angeles, New York City, and Texas (although in Texas, the area representative reported that the proportion of IDU cases entering DHS-funded treatment decreased from 32 percent in 1988 to 15 percent in 2012). A slight increase in the proportion of injection drug use among newly diagnosed HIV cases in the current reporting period was reported by the area representatives from Denver/Colorado and Philadelphia.

Appendix

DATA SOURCES USED IN CEWG FULL AREA REPORTS FOR JUNE 2013—CAVEATS AND LIMITATIONS

Data sources used by area representatives to update drug abuse indicators in 21 reporting CEWG areas are described below; caveats and data limitations are also discussed.

Treatment admissions data were presented in all CEWG area reports. Area representatives included data in their reports for 17 CEWG metropolitan areas and 7 States: Albuquerque/New Mexico (data are for New Mexico), Colorado, Hawaii, Maine, Maryland, Michigan[8], and Texas. Data for some States are included in reporting with metropolitan data for comparison, including data for Colorado with Denver and Maryland with Baltimore City. South Florida/Broward County data are included with South Florida/Miami-Dade County data for comparison. The latter two counties, with Palm Beach County, constitute the Miami Metropolitan Statistical Area (MSA). Treatment admissions data are contained in tables 1, 3–6, 8–11, 15–17, 20, 23–26, 28–30, and appendix table 2 and are displayed in figures 2–3, 7–8, 12–13, 18–19, and 21–22.

Local drug-related mortality data from medical examiners/coroners or death certificates from State vital statistics units in public health agencies were reported in full area reports for 20 of 21 CEWG areas, in all areas except Phoenix. Data on drug-related deaths variously defined are provided by local area representatives as important consequence indicators. They reveal the extent to which deaths are drug-involved, drug-caused, or in which drugs were detected even if not the cause of the death. Mortality data may represent the presence of a drug detected in a decedent or overdose deaths. The mortality data are not comparable across areas because of the different data sources and variations in methods and procedures used by medical examiners or coroners. Drugs may cause a death, be detected in a death, or simply relate to a death in an unspecified way. Multiple drugs may be identified in a single case, with each reported in a separate drug category. Definitions associated with drug deaths vary. Common reporting terms include “drug-related,” “drug-detected,” “drug-caused,” “drug overdose,” and “drug positive.” These terms may have different meanings in different areas of the country, and their meaning may depend upon the local reporting standards and definitions.

DAWN (Drug Abuse Warning Network) Emergency Department (ED)[9] Visit Weighted Estimates (ED visits) for 11 CEWG areas for 2004 through 2011 were available on the DAWN Web site at: *http://www.samhsa.gov/data/dawn.aspx#DAWN%202010%20ED%20Excel%20Files%20%E2%80%93%20Metro%20Tables*, maintained by the Substance Abuse and Mental Health

[8]Treatment admissions data for the State of Michigan are included in the full area report for Detroit, Wayne County, and Michigan, but are not included in the cross-area treatment admissions tables in this Volume I report.
[9]DAWN uses a national sample of non-Federal, short-stay, general surgical, and medical hospitals in the United States that operate 24-hour EDs. The American Hospital Association (AHA) 2001 Annual Survey is the source of the sample. ED medical records are reviewed retrospectively for recent drug use. Visits related to most types of drug use or abuse cases are identified and documented. Drug cases encompass three visit categories: those related to illegal or illicit drugs; nonmedical use of prescription, over-the-counter, or other pharmaceutical drugs; and alcohol among patients under the legal drinking age of 21 and patients of all ages when used in combination with other drugs.

Services Administration (SAMHSA). No metropolitan level ED visit data will be provided after 2011 data in this system. The data represent drug reports for drug-involved visits for illicit drugs (derived from the category of "major substances of abuse," excluding alcohol) and the nonmedical use of selected pharmaceutical drugs. Nonmedical use of pharmaceuticals is use that involves taking a prescription or over-the-counter (OTC) pharmaceutical differently than prescribed or recommended, especially taking more than prescribed or recommended; taking a pharmaceutical prescribed for another individual; deliberate poisoning with a pharmaceutical agent by another person; and documented misuse of a prescription or OTC pharmaceutical or dietary supplement. Nonmedical use may involve pharmaceuticals alone or in combination with other drugs, especially illegal drugs or alcohol. Since drug reports exceed the number of ED visits because a patient may report use of multiple drugs (up to six drugs plus alcohol), summing of drugs across categories is not recommended. CEWG areas that include DAWN data in their reporting for this meeting are Boston, Chicago, Detroit, South Florida/Miami-Dade and Broward Counties, Minneapolis/St. Paul, New York City, and San Francisco. DAWN data for CEWG areas are shown in tables 7, 12, 18, 21, 27, and 31.

Forensic laboratory data on drug seizures (NFLIS drug reports) for a total of 25 CEWG sites were available for calendar year (CY) 2012 (January–December). Data were provided by the National Forensic Laboratory Information System (NFLIS), maintained by the Drug Enforcement Administration (DEA). The data presented are a combined count including primary, secondary, and tertiary reports for each drug item submitted. NFLIS is a program in the DEA Office of Diversion Control that systematically and continuously collects results from drug analyses of items received from drug seizures by law enforcement authorities. Drug analyses are conducted by Federal (DEA) forensic laboratories and participating State and local forensic laboratories. As of March 2013, in addition to the DEA laboratories, the NFLIS system included 49 State systems and 94 local or municipal laboratories/laboratory systems, representing a total of 277 individual laboratories. In addition, the NFLIS database includes Federal data from the DEA's System to Retrieve Information from Drug Evidence II (STRIDE) and from U.S. Customs and Border Protection laboratories. STRIDE represents drug evidence analyzed at DEA laboratories across the country. Data are entered daily based on seizure date and the county in which the seizure occurred. NFLIS provides detailed information on the prevalence and types of controlled substances secured in law enforcement operations and assists in identifying emerging drug problems and changes in drug availability and in monitoring illicit drug use and trafficking, including the diversion of legally manufactured drugs into illegal markets. A list of participating and reporting State and local forensic laboratories is included in Appendix B of the U.S. Drug Enforcement Administration, Office of Diversion Control report, *National Forensic Laboratory Information System: 2012 Midyear Report* (Washington, DC: U.S. Drug Enforcement Administration)[10]. In most cases, data are for MSAs, rather than single metropolitan counties, but the exact geographic areas covered in this report are defined in appendix table 2. A map displaying NFLIS data for 2012 for 25 CEWG areas is included as figure 1, while table 2 and a number of other figures and tables in (figures 4, 9, 14–16, 20, and 23 and tables 19, 22, and 32), along with appendix tables 3.1–3.26 and appendix tables 4.1–4.3, are provided to display the data on forensic laboratory drug items identified for the reporting period across areas. Full area reports also include NFLIS data for some CEWG areas.

[10]This report and other information about NFLIS can be found at http://www.deadiversion.usdoj.gov/nflis/2012midyear.pdf.

Average price and purity data for heroin for 19 CEWG metropolitan areas in CY 2011 (the most recent period available) were provided by the DEA in the *2011 Heroin Domestic Monitor Program (HDMP) Drug Intelligence Report* published in March 2013. This report is prepared by the Domestic Strategic Intelligence Unit of the Special Strategic Intelligence Section and reflects analysis of program data through December 31, 2011. Drug price and purity data from this report, from local DEA Field Divisions or other local sources, are included in full area reports for 16 CEWG areas: Atlanta, Boston, Chicago, Cincinnati, Denver/Colorado, Detroit, Los Angeles, Minneapolis/St. Paul, New York City, Philadelphia, Phoenix, St. Louis, San Diego, San Francisco, South Florida/Miami-Dade and Broward Counties, and Dallas, El Paso, Houston, and San Antonio in Texas. HDMP data are shown in tables 13 and 14 and figures 10 and 11 in this report.

ADAM (Arrestee Drug Abuse Monitoring) II program data were included in full area reports for Atlanta, Chicago, Minneapolis/St. Paul (where Hennepin County participated in the program until 2011), New York City, and Washington, DC. ADAM II is a data collection program sponsored by the Office of National Drug Control Policy that is designed to gather information on drug use and related issues from adult male booked arrestees in five counties across the country (and Washington, DC, through the pretrial Service Agency for the District of Columbia Court Services and Offender Supervision Agency). ADAM II data come from two sources: a 20–25-minute face-to-face interview and urinalysis of a test sample for the presence of nine different drugs. Participation in both the interview and the urine test is voluntary and confidential. In 2012, across the 5 sites, 1,938 interviews with booked arrestees were conducted, and 1,736 urine specimens were collected from a probability-based sample of adult male booked arrestees within 48 hours of their arrest. Data were collected over 21 consecutive days between April 1 and July 15. The ADAM II 2012 annual report is available at: *http://www.whitehouse.gov/sites/default/files/ondcp/policy-and-research/adam_ii_2012_annual_rpt_final_final.pdf*.

Other data cited in this report were local data accessed and analyzed by CEWG representatives. The sources included the Centers for Disease Control and Prevention (CDC)'s Youth Risk Behavior Surveillance System (YRBSS) and Youth Risk Behavior Survey (YRBS) data; local law enforcement (e.g., data on drug arrests, impaired drivers, or law enforcement seizures); DEA Automation of Reports and Consolidated Orders System (ARCOS) data on the flow of DEA-controlled substances from their point of manufacture through commercial distribution channels to point of sale or distribution at the dispensing or retail level; local DEA offices (DEA field reports); High Intensity Drug Trafficking Area (HIDTA) reports; arrestee drug information from local and State corrections departments and facilities; poison control centers, crisis lines, and help lines; prescription drug monitoring systems; hospital admissions and discharge data; local and State surveys and the National Survey on Drug Use and Health (NSDUH); interviews with key informants and ethnographers; and data on infectious diseases related to drug abuse from local and State health departments, including human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS), hepatitis C, and sexually transmitted disease (STD) data.

A Note to the Reader—Caveats: *Terminology and Geographic Coverage*—CEWG representatives use existing data, which are subject to the definitions and geographic coverage of the source data. Representatives generally use the terminology as it is used in the data source. For example, many treatment systems use the phrases "other opiates" for classifying "opiates[11] other than heroin"

[11]Opiate is defined as "any preparation or derivative of opium" by *Stedman's Medical Dictionary – 28th Edition,* Lippincott Williams and Wilkins, Baltimore, MD: c. 2006.

to categorize a primary problem at admission. The term "other opiates" is therefore retained in this summary report, and the terms, "other opiates" and "opioids"[12] may be used in a single area report. Similarly, the terms "prescription-type opioid" or "pharmaceutical opioid" are used by some representatives to distinguish synthetic or semisynthetic opioids, such as oxycodone and hydrocodone, from heroin. The geographic coverage of data sources may vary within a CEWG area report. Readers are directed to the full area reports in the June 2013 Volume II compilation for more complete descriptions of data sources used in specific areas. For NFLIS data, specific geographic coverage for each area is described in appendix 3, with notes on spatial composition.

Local comparisons are limited, or must be made with caution, for the following indicators:

Treatment Admissions—Many variables affect treatment admission numbers, including program emphasis, capacity, data collection methods, and reporting periods. Therefore, changes in admissions bear a complex relationship to drug abuse prevalence. Treatment data are not totally comparable across CEWG areas, and treatment numbers are subject to change. Most of the CEWG area representatives report treatment admissions data provided by States to the Treatment Episode Data Set (TEDS)[13].

ED Drug Reports—When comparisons are made across time periods with a CEWG area, this caveat is needed: statements about drug-involved ED weighted rates in CEWG areas being higher or lower in 1 year than another year are only made when their respective *t*-test *p*-values are significant at the 0.05 level or below. Otherwise, no difference is reported.

NFLIS Drug Reports from Drug Items Seized and Analyzed by Forensic Laboratories—NFLIS includes drug chemistry results from completed analyses only; drug evidence secured by law enforcement but not analyzed in laboratories is not included in the NFLIS database. State and local policies related to the enforcement and prosecution of specific drugs may affect drug evidence submissions to laboratories for analysis. Laboratory policies and procedures for handling drug evidence vary and range from analysis of all evidence submitted to the laboratory to analysis of selected items only. Many laboratories did not analyze the evidence when a case was dismissed or if no defendant could be identified (see NFLIS 2012 Midyear Report cited earlier). Differences in local/State laboratory procedures and law enforcement practices across areas make area comparisons inexact. Also, the data cannot be used for prevalence estimates, because they are not adjusted for population size. They are reported as the percentage that each drug represents of the total number of drug reports, including up to three drugs identified in drug items seized and identified by forensic laboratories in a CEWG area, and cases are assigned to a geographic area by the location of the seizure event, not the laboratory. Because NFLIS data counting primary, secondary, and tertiary reports for each drug in analyzed drug items were provided for the first time in June 2012, NFLIS data included in the June 2012, January 2013, and June 2013 reports cannot be compared with data presented in prior CEWG reports. The nature of the NFLIS reporting system is such that there may be a time lag between time of seizure, time of analysis of drug items and drug reports based on them, and time of reporting to the NFLIS system. Therefore, differences in the number of drug reports for a specified

[12]Opioid is defined as "originally a term denoting synthetic narcotics resembling opiates but increasingly used to refer to both opiates and synthetic narcotics" by *Stedman's Medical Dictionary – 28th Edition,* Lippincott Williams and Wilkins, Baltimore, MD: c. 2006.

[13]TEDS is an administrative data system providing descriptive information about the national flow of admissions to specialty providers of substance abuse treatment, conducted by SAMHSA.

time period may occur when NFLIS is queried at different times, since data input is daily and cases may be held for different periods of time before analysis and reporting in various areas and agencies. Numbers of drug reports presented in these reports are subject to change and may differ when drawn on different dates. Not all forensic laboratories report on substances that are not controlled, rendering some comparisons of such drugs inaccurate.

Deaths—Mortality data may represent the presence of a drug detected in a decedent or overdose deaths. The mortality data are not comparable across areas because of variations in methods and procedures used by medical examiners/coroners or attending physicians who sign death certificates. Drugs may cause a death, be detected in a death, or simply relate to a death in an unspecified way. Multiple drugs may be identified in a single case, with each reported in a separate drug category. Definitions associated with drug deaths vary. Common reporting terms include "drug-related," "drug-detected," "drug-caused," "drug overdose," and "drug positive." These terms may have different meanings in different areas of the country, and their meaning may depend upon the local reporting standards and definitions.

Arrest and Seizure Data—The numbers of arrests and quantities of drugs seized may reflect enforcement policy and resources, rather than level of supply.

Local Area Comparisons: The following methods and considerations pertain to local area comparisons:

- In assessing change or stability in each area's drug indicators by data source for the most recent time periods (in most cases, calendar year 2011 to 2012), decision rules are consistent for cross area data sources—treatment admissions, NFLIS drug reports, and HDMP data for heroin. In these data comparisons, percent changes of 1.0 percent of higher in 2012 values, compared with 2011 values (or another recent pair of years) signified increase or decrease, whereas change of less than 1.0 percent was interpreted as stability. For local area data source indicators, such as death, poison control center call, arrest, and helpline data, area representatives' decision rules for change or stability used in documenting trends in their area reports were also used in the associated summary text in this report.

- Local areas vary in their reporting periods. Some indicators reflect fiscal periods that may differ among local areas. In addition, the timelines of data vary, particularly for death and treatment indicators. Spatial units defining a CEWG area may also differ depending on the data source. Care has been taken to delineate the definition of the geographic unit under study for each data source, whether a city, a single metropolitan county, an MSA, or some subset of counties in an MSA. In some instances, data were compiled by region defined by the U.S. Census as northeastern, southern, midwestern, and western regions. Texas is included in the western region in this report, rather than in the census-defined southern region, based on member recommendations concerning area comparability of drug patterns and similarity of population characteristics to other western areas.

- Some indicator data are unavailable for certain cities. Therefore, the symbol "NR" in tables refers to data not reported by the CEWG area representative; "NA" is used where data are not available for a particular area and time period from cross-area data sources.

- The population racial/ethnic composition differs across CEWG areas. Readers are directed to the individual CEWG full area reports for information regarding treatment patterns and trends pertaining to race/ethnicity, age, and gender.

Appendix Table 1. Drug Indicators[1] Used for June 2013[2] Abstracts, Full Area Reports, and Presentations

CEWG Area	Surveys		Arrestee Drug Use		Poison Center Calls	ED Visits[6]		Substance Abuse Treatment	Hospitalizations		Deaths		NFLIS[7]	Drug Price/ Purity	Arrests/ Impaired Drivers/ Other Law Enforcement[8]	Qualitative Data[9]
	General Population[3]	Student[4]	ADAM[5]	Local		DAWN	Local		Admissions	Discharges	Drug-Caused	Drugs Detected				
Albuquerque/ New Mexico	✓	✓	—	—	✓	—	—	✓	—	✓	✓	—	✓	—	—	—
Atlanta	—	—	✓	—	✓	—	—	✓	—	—	✓	—	✓	✓	—	—
Baltimore/ Maryland/ Wash, DC	—	—	✓	✓	—	—	—	✓	—	—	✓	—	✓	—	✓	—
Boston	—	—	—	—	—	✓	—	✓	—	—	✓	—	✓	✓	✓	—
Chicago	—	✓	✓	—	✓	✓	—	✓	—	—	✓	—	✓	✓	✓	✓
Cincinnati	—	—	—	—	✓	—	—	✓	—	—	—	✓	✓	✓	✓	✓
Denver/ Colorado	—	—	—	—	✓	—	—	✓	—	✓	✓	—	✓	✓	✓	✓
Detroit/ Michigan	—	✓	—	—	✓	✓	—	✓	—	—	✓	—	✓	✓	✓	✓
Hawaii	—	—	—	—	—	—	—	✓	—	—	✓	—	✓	—	✓	—
Los Angeles	—	—	—	—	✓	—	✓	✓	—	—	—	✓	✓	✓		—
Maine	—	—	—	—	—	—	—	✓	—	—	✓	✓	✓	—	✓	—
Miami/South Florida	✓	—	—	—	✓	✓	—	✓	—	—	✓	—	✓	✓	—	—
Minneapolis/ St. Paul	✓	✓	✓	—	✓	✓	—	✓	—	—	✓	✓	✓	✓	✓	✓
New York City	—	—	✓	—	—	✓	—	✓	—	—	✓	—	✓	✓	—	—
Philadelphia	—	—	—	—	—	—	—	✓	—	—	—	✓	✓	✓	—	✓
Phoenix	—	✓	—	—	✓	—	—	✓	✓	—	—	—	✓	✓	✓	—
St. Louis	—	✓	—	—	—	—	—	✓	—	—	✓	—	✓	✓	✓	✓
San Diego	—	—	—	✓	—	—	—	✓	—	—	—	✓	✓	✓	—	
San Francisco	—	—	—	—	—	✓	—	✓	—	—	✓	—	✓	✓	—	✓
Seattle	—	✓	—	—	—	—	—	✓	—	—	✓	—	✓	—	✓	—
Texas	✓	✓	—	—	✓	—	—	✓	—	—	✓	—	✓	✓	✓	✓

[1]Other drug indicators include crisis lines (Atlanta), helplines (Seattle), PDMPs (Pharmacy Drug Monitoring Programs) (Albuquerque/New Mexico, Denver/Colorado, Los Angeles, Minneapolis/St. Paul, New York City, San Francisco reports), prescription data from other State sources (Detroit), and ARCOS (Automation of Reports and Consolidated Orders System) (Albuquerque/New Mexico and Baltimore/Maryland/Washington, DC).
[2]Abstracts, full area reports, and slide presentations are for the January–December 2012 reporting period.
[3]Data are from the National Survey on Drug Use and Health (NSDUH).
[4]Data are from the Youth Risk Behavior Survey (YRBS) and State surveys.
[5]ADAM=Arrestee Drug Abuse Monitoring Program.
[6]ED=emergency department; DAWN=Drug Abuse Warning Network.
[7]NFLIS=National Forensic Laboratory Information System, Drug Enforcement Administration (DEA).
[8]Data include High Intensity Drug Trafficking Area (HIDTA) and local DEA Field Division data.
[9]Data include local focus groups, contacts, community epidemiology workgroups, and epidemiology studies, along with anecdotal reports.
SOURCES: June 2013 abstracts, full area reports, and presentations

Appendix Table 2. Total Treatment Admissions by Primary Substance of Abuse,Including Primary Alcohol Admissions, and CEWG Area: 2012[1]

CEWG Areas[2]	Number of Total Substance Abuse Treatment Admissions								Total (*N*)[4]
	Alcohol	Cocaine/ Crack[3]	Heroin	Pres-cription Opioids	Meth-amphe-amine	Mariju-ana	Benzo-diaze-pines	Other Drugs/ Unknown	
CY 2012									
Albuquerque/ New Mexico	2,092	102	162	149	426[5]	351	6	8	3,296
Atlanta	4,470[6]	928	377	629	567	1,435	185	219	8,810
Baltimore City	2,914	1,764	7,455	840	9	2,471	210	86	15,749
Boston	4,933	681	8,227	518	48	526	210	39	15,182
Cincinnati	1,240	281	658[7]	249[7]	NR[8]	1,032	NR[8]	31	3,491
Colorado	13,620	2,226	2,642	2,306	4,842	6,247	134	637	32,654
Denver	5,482	1,206	1,545	909	1,608	2,785	61	332	13,928
Detroit	2,680	1,399	2,912	249	1	1,166	5	17	8,429
Hawaii	1,623[6]	291	210	NR[8]	4,854[5]	2,579	NR[8]	474	10,031
Los Angeles	10,496	3,416	9,256	1,504	7,710	12,256	189	785	45,612
Maine	4,473	429	1,386	4,698	46	1,113	91	604	12,840
Maryland	16,743	4,769	14,185	6,785	34	11,246	680	1,057	55,499
Minneapolis/St. Paul	9,798	1,097	2,724	1,879	1,562	3,435	127	429	21,051
New York City	22,104	10,189	19,075	2,545	348	18,182	550	1,153	74,146
Philadelphia	3,222	939	1,947	125	3	1,598	92	529	8,455
Phoenix	2,762	458	1,345[7]	693	2,162	1,945	NR[8]	234	9,599
St. Louis	4,091	1,063	4,412	440	437	2,182	74	191	12,890
San Diego	3,059	558	3,328	670	3,990	2,596	NR[8]	182	14,383
San Francisco[9]	6,939	3,255	3,672	1,523	4,658	2,137	NR[8]	223	22,407
Seattle	3,439	854	2,064	678	955	1,834	16	240	10,080
South Florida/ Broward County	1,360	607	292	1,260	16	1,748	93	489	5,865
South Florida/ Miami-Dade County	1,069	941	161	139	11	1,576	58	111	4,066
Texas	21,834	9,563	9,270	5,890	7,513	16,740	1,448	1,428	73,686

[1]Data are for calendar year 2012 (January though December) for all areas except Detroit, where data are for fiscal year 2012(October 2011 through September 2012).

[2]Data were not available for CY 2012 for Chicago,Florida, and Washington, DC.

[3]Cocaine values were broken down into crack or powder/other cocaine for the following areas: Albuquerque/New Mexico for New Mexico (crack=33; powder or other cocaine=69); Atlanta (crack=657; powder or other cocaine=271); Baltimore City (crack=1,523; powder or other cocaine=241); Boston (crack=396; powder or other cocaine=285); Cincinnati:(crack=225; powder or other cocaine=56); Detroit (crack=1,278; powder or other cocaine=121); Maine (crack=174; powder or other cocaine=255); Maryland (crack=3,777; powder or other cocaine=992); Minneapolis/St. Paul (crack=871; powder or other cocaine=276); New York City(crack=6,198; powder or other cocaine=3,991); Philadelphia (crack=856; powder or other cocaine=83); St. Louis (crack=756; powder or other cocaine=307); South Florida/Broward County (crack=472; powder or other cocaine=135); South Florida/Miami-Dade County (crack=551; powder or other cocaine=390); and Texas (crack=5,100; powder or other cocaine=4,463). No breakdowns by type of cocaine were available for the other areas.

[4]These *N*s are used in all percentage calculations involving total treatment admissions data for each area. Treatment data contain unknown primary admissions in Atlanta (*n*=3); Cincinnati (*n*=4); Maine (*n*=408); Minneapolis/St. Paul (*n*=134); Philadelphia (*n*=336); South Florida/Broward County (*n*=430); and South Florida/Miami-Dade County (*n*=78). Because these cases may be classified as to route of administration and demographic characteristics, they are included in the numbers for these areas and are included with “Other Drugs/Unknown” in this table. Total admissions data for all other areas exclude unknowns. In Boston, the “Other Drugs/Unknown” category was included in the total prior to 2010; therefore, 2012 Boston data may not be comparable to years prior to 2010. The category,

Appendix Table 2 (continued). Total Treatment Admissions by Primary Substance of Abuse,Including Primary Alcohol Admissions, and CEWG Area: 2012[1]

"No Primary Drug of Abuse" was treated as missing and was excluded from the totals for Atlanta, Cincinnati, Detroit, Maine, and Seattle. These cases of no primary drug numbered as follows: Atlanta (*n*=190); Cincinnati (*n*=23); Detroit (*n*=5); Maine (*n*=28); and Seattle (*n*=84). Treatment data for Boston do not include admissions younger than 14. Treatment data for Phoenix do not include admissions younger than 18.
[5]Methamphetamine and stimulants (amphetamines) are grouped together in Albuquerque/New Mexico and Hawaii treatment data.
[6]Alcohol data for Atlanta are alcohol only=2,355 and alcohol in combination with other drugs=2,351. Alcohol data for Hawaii are for alcohol in combination with other drugs.
[7]Heroin and other opiates were grouped together in Cincinnati treatment data before 2011; 2012 data for each drug type are reported separately. Heroin and morphine are grouped together in Phoenix data .
[8]NR=Not reported by the CEWG area representative.
[9]Due to the implementation of a new Electronic Health Record and billing system in San Francisco in July 2010, treatment admissions data prior to that date may not be comparable to data submitted after the new system implementation. San Francisco data for 2012 are therefore preliminary and subject to change. Comparisons with treatment data prior to 2011 for San Francisco are not included in this report, although 2011 and 2012 treatment data are reported and 2012 data and associated top 10 rankings are reported in table 1 and elsewhere.
NOTES: Treatment data coverage for CEWG areas for CY 2012 includes the following areas and programs. Albuquerque/New Mexico data cover the State of New Mexico and include publicly funded treatment admissions for all ages. Atlanta data cover the 28-county MSA and include publicly funded treatment admissions of all ages. Baltimore City data cover enrollments with publicly funded treatment providers in the city of Baltimore (data may include some out-of-State residents). Boston data cover admissions 14 and older to any program receiving any level of public support in five cities (Boston, Brookline, Chelsea, Revere, and Winthrop) in the metropolitan Boston area. Cincinnati data cover admissions to publicly funded treatment programs in Hamilton County, including methadone maintenance (MM) programs. Colorado data include admissions of all ages statewide to all Colorado alcohol and substance abuse treatment agencies licensed by the State and cover MM programs. Denver data cover the Denver/Boulder area and include admissions for all ages to alcohol and substance abuse treatment agencies licensed by the State, including MM programs. Detroit data cover admissions to publicly supported programs (from block grants) in the city of Detroit. Hawaii data cover the State of Hawaii. Los Angeles data cover Los Angeles County treatment providers with public support and include MM programs. Maine data are for publicly supported programs in the State of Maine and include all ages and MM admissions. Maryland data cover enrollments with publicly funded treatment providers in the State of Maryland. Minneapolis/St. Paul data cover the five counties of Anoka, Dakota, Hennepin, Ramsey, and Washington in the Twin Cities metropolitan area and include all chemical dependency treatment admissions to licensed providers regardless of funding source. New York City data are for the five boroughs of New York and cover both publicly funded and nonfunded treatment admissions. Philadelphia data are for the city and county (which are the same) and include publicly supported treatment admissions only. Phoenix data are for Maricopa County and cover admissions 18 and older with public support. St. Louis data cover the eastern region of Missouri, including St. Louis City and County, and five other counties—Jefferson, Franklin, Lincoln, St. Charles, and Warren—and cover admissions to publicly supported programs. San Diego data are for San Diego County and cover all public providers and subcontractors, as well as private narcotics treatment providers, and include MM programs. San Francisco data include admissions for the five bay area counties (Alameda, Contra Costa, Marin, San Francisco, and San Mateo) for all ages to all publicly funded programs. Seattle data are for King County and include admissions of all ages to publicly funded inpatient, outpatient, and medication-assisted opiate treatment programs. South Florida/Broward and Miami-Dade Counties data include all admissions to publicly supported addiction programs for all ages and MM admissions. Texas data are for publicly supported admissions in the State in Texas.
SOURCE: June 2013 State and local CEWG reports

Appendix Table 3.1. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, Albuquerque: CY 2012[1]

Drug	Number	Percentage
Heroin	565	21.2
Methamphetamine	547	20.6
Marijuana/Cannabis	498	18.7
Cocaine	433	16.3
AM-2201 (1-(5-Fluoropentyl)-3-(1-Naphthoyl)Indole)	71	2.7
Oxycodone	62	2.3
Dimethyl Sulfone	37	1.4
Phenylimidothiazole Isomer Undetermined	21	1.3
Buprenorphine	29	1.1
Lidocaine	27	1.0
Other[2]	356	13.4
Total	**2,660**	**100.0**

[1]Data are for January–December 2012, and include primary, secondary, and tertiary reports.
[2]All other analyzed reports.
NOTES:
1. Data are for all counties in the Albuquerque MSA: Bernalillo, Sandoval, Torrance, and Valencia Counties.
2. Included under "Other" rather than in the top 10 list are "Negative Results-Tested for Specific Drugs" (92 reports) and "Additional Substance Believed Present; Not Identified" (42 reports).
3. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 7, 2013

Appendix Table 3.2. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, Atlanta: CY 2012[1]

Drug	Number	Percentage
Cocaine	3,796	21.8
Methamphetamine	3,399	19.5
Oxycodone	863	5.0
Alprazolam	840	4.8
Hydrocodone	641	3.7
Heroin	512	2.9
Marijuana/Cannabis	443	2.5
AM-2201 (1-(5-Fluoropentyl)-3-(1-Naphthoyl)Indole)	306	1.8
Methylone (N-Methyl-3,4-Methylenedioxycathinone)	300	1.7
UR-144 ((1-Phentylindol-3-YL)-(2,2,3,3-Tetramethylcyclopropyl) Methanone)	273	1.6
Other[2]	6,014	34.6
Total	**17,387**	**100.0**

[1]Data are for January–December 2012, and include primary, secondary, and tertiary reports.
[2]All other analyzed reports.
NOTES:
1. Data are for the 28-county Atlanta/Sandy Springs/Marietta GA MSA: Barrow, Bartow, Butts, Carroll, Cherokee, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Haralson, Heard, Henry, Jasper, Lamar, Meriwether, Newton, Paulding, Pickens, Pike, Rockdale, Spalding, and Walton Counties.
2. Included under "Other" rather than in the top 10 list are 2,436 reports for "Unspecified Pharmaceutical Preparation" and 994 reports for "Result Not Reported."
3. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 7, 2013

Appendix Table 3.3. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, Baltimore City: CY 2012[1]

Drug	Number	Percentage
Marijuana/Cannabis	14,151	43.6
Cocaine	8,357	25.8
Heroin	7,087	21.8
Oxycodone	617	1.9
Buprenorphine	427	1.3
Alprazolam	412	1.3
Clonazepam	167	0.5
Caffeine	132	0.4
Methadone	109	0.3
Mannitol	107	0.3
Other[2]	878	2.7
Total	**32,444**	**100.0**

[1]Data are for January–December 2012, and include primary, secondary, and tertiary reports.
[2]All other analyzed reports.
NOTES:
1. Data are for Baltimore City only.
2. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 7, 2013

Appendix Table 3.4. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, Boston: CY 2012[1]

Drug	Number	Percentage
Marijuana/Cannabis	5,171	26.8
Cocaine	3,615	18.7
Heroin	3,389	17.6
Oxycodone	1,458	7.6
Buprenorphine	601	3.1
Naloxone	484	2.5
Clonazepam	425	2.2
Acetaminophen	291	1.5
Alprazolam	254	1.3
Amphetamine	252	1.3
Other[2]	3,370	17.5
Total	**19,310**	**100.0**

[1]Data are for January–December 2012, and include primary, secondary, and tertiary reports.
[2]All other analyzed reports.
NOTES:
1. Data include seven counties in the Boston MSA: Essex, Middlesex, Norfolk, Plymouth, Rockingham, Strafford, and Suffolk Counties.
2. Included under "Other" rather than in the top 10 list are 562 reports for "No Controlled Drug Identified."
3. Due to issues within the laboratories, the Massachusetts Department of Public Health (DPH) Western Laboratory last reported data in August 2012., and some backlogged cases in other DPH laboratories were not analyzed in 2012 and were reported to NFLIS for the first quarter of 2013.
SOURCE: NFLIS, DEA, May 7, 2013

Appendix Table 3.5. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, Chicago: CY 2012[1]

Drug	Number	Percentage
Marijuana/Cannabis	38,634	56.2
Heroin	12,300	17.9
Cocaine	11,162	16.2
Hydrocodone	663	1.0
BZP (1-Benzylpiperazine)	639	0.9
Alprazolam	488	0.7
MDMA (3,4-Methylenedioxy-methamphetamine)	451	0.7
PCP (Phencyclidine)	451	0.7
MDPV (3,4-Methylenedioxy-pyrovalerone)	343	0.5
Phenylimidothiazole Isomer Undetermined	315	0.5
Other[2]	3,330	4.8
Total	**68,776**	**100.0**

[1]Data are for January–December 2012, and include primary, secondary, and tertiary reports.
[2]All other analyzed reports.
NOTES:
1. Data are for 13 counties in the Chicago/Naperville/Joliet, IL/IN/WI MSA: Cook, DeKalb, DuPage, Grundy, Kane, Kendall, McHenry, and Will Counties in IL; Jasper, Lake, Newton, and Porter Counties in IN; and Kenosha County in WI.
2. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 7, 2013

Appendix Table 3.6. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, Cincinnati: CY 2012[1]

Drug	Number	Percentage
Marijuana/Cannabis	3,975	38.1
Heroin	3,278	31.5
Cocaine	1,998	19.2
Oxycodone	304	2.9
Hydrocodone	125	1.2
Alprazolam	109	1.0
Methamphetamine	59	0.6
Clonazepam	54	0.5
Diazepam	53	0.5
BZP (1-Benzylpiperazine)	48	0.5
Other[2]	417	4.0
Total	**10,420**	**100.0**

[1]Data are for January–December 2012, and include primary, secondary, and tertiary reports.
[2]All other analyzed reports.
NOTES:
1. Data are for Hamilton County.
2. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 7, 2013

Appendix Table 3.7. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, Colorado: CY 2012[1]

Drug	Number	Percentage
Marijuana/Cannabis/ Tetrahydrocannabinols	3,596	27.3
Cocaine	2,864	21.8
Methamphetamine	2,350	17.9
Heroin	1,196	9.1
Oxycodone	321	2.4
Hydrocodone	154	1.2
Psilocybin/Psilocyn/ Psilocin/Psilocybine	145	1.1
AM-2201 (1-(5-Fluoropentyl)-3-(1-Naphthoyl)Indole)	142	1.1
Acetaminophen	129	1.0
Alprazolam	126	1.0
Other[2]	2,127	16.2
Total	**13,150**	**100.0**

[1]Data are for January–December 2012, and include primary, secondary, and tertiary reports.
[2]All other analyzed reports.
NOTES:
1. Data are for the State of Colorado.
2. Included under "Other" rather than in the top 10 list are 490 reports for "Noncontrolled Nonnarcotic Drug."
3. Due to laboratory circumstances, data for the Colorado Springs Police Department are not reported for December 2009 to present; their cases are reported by the Colorado Bureau of Investiga ion. Due to staffing issues, the Jefferson County Laboratory did not report data for January–June or October.
4. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 8, 2013

Appendix Table 3.8. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, Denver: CY 2012[1]

Drug	Number	Percentage
Cocaine	2,364	27.6
Marijuana/Cannabis	1,802	21.0
Methamphetamine	1,277	14.9
Heroin	1,047	12.2
Oxycodone	175	2.0
AM-2201 (1-(5-Fluoropentyl)-3-(1-Naphthoyl)Indole)	137	1.6
Psilocin/Psilocybin/ Psilocyn/Psilocybine	80	0.9
Hydrocodone	78	0.9
Acetaminophen	61	0.7
Alprazolam	59	0.7
Other[2]	1,496	17.4
Total	**8,576**	**100.0**

[1]Data are for January–December 2012, and include primary, secondary, and tertiary reports.
[2]All other analyzed reports.
NOTES:
1. Data are for Denver, Arapahoe, and Jefferson Counties.
2. Included under "Other" rather than in the top 10 list are 487 reports for "Noncontrolled Nonnarcotic Drug."
3. The Jefferson County Laboratory did not report data for January–June or October.
4. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 7, 2013

Appendix Table 3.9. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, Detroit: CY 2012[1]

Drug	Number	Percentage
Marijuana/Cannabis	3,675	47.2
Cocaine	1,559	20.0
Heroin	1,179	15.1
Hydrocodone	247	3.2
Alprazolam	183	2.4
Oxycodone	71	0.9
TFMPP (1-3-Trifluoromethylphenyl) piperazine	44	0.6
Amphetamine	31	0.4
Phenylimidothiazole Isomer Undetermined	31	0.4
BZP (1-Benzylpiperazine)	30	0.4
Other[2]	737	9.5
Total	**7,787**	**100.0**

[1]Data are for January–December 2012, and include primary, secondary, and tertiary reports.
[2]All other analyzed reports.
NOTES:
1. Data are for Wayne County.
2. Included under "Other" rather than in the top 10 list are 426 reports for "No Controlled Drug Identified."
3. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 7, 2013

Appendix Table 3.10. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, Honolulu: CY 2012[1]

Drug	Number	Percentage
Marijuana/Cannabis/ Tetrahydrocannabinols	1,567	53.2
Methamphetamine	983	33.4
Cocaine	197	6.7
Dimethyl Sulfone	34	1.2
MDMA (3,4-Methylenedioxy-methamphetamine)	26	0.9
Phenylimidothiazole Isomer Undetermined	16	0.5
MDPV (3,4-Methylenedioxy-pyrovalerone)	15	0.5
Acetaminophen	13	0.4
Heroin	13	0.4
Hydrocodone	11	0.4
Other[2]	71	2.4
Total	**2,946**	**100.0**

[1]Data are for January–December 2012, and include primary, secondary, and tertiary reports.
[2]All other analyzed reports.
NOTES:
1. Data are for Honolulu County.
2. The NFLIS method for processing and counting reports for he Honolulu Police Department Laboratory changed in 2012; this results in a higher number of reports per case than in previous years.
3. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 7, 2013

Appendix Table 3.11. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, Los Angeles: CY 2012[1]

Drug	Number	Percentage
Marijuana/Cannabis	13,692	34.7
Methamphetamine	10,878	27.6
Cocaine	7,971	20.2
Heroin	2,062	5.2
Hydrocodone	425	1.1
PCP (Phencyclidine)	358	0.9
Alprazolam	323	0.8
MDMA (3,4-Methylenedioxy-methamphetamine)	272	0.7
Oxycodone	245	0.6
Codeine	204	0.5
Other[2]	3,025	7.7
Total	**39,455**	**100.0**

[1]Data are for January–December 2012, and include primary, secondary, and tertiary reports.
[2]All other analyzed reports.
NOTES:
1. Data are for Los Angeles County.
2. Included under "Other" rather than in the top 10 list are 608 reports for "Negative Results-Tested for Specific Drugs."
3. First quarter data for 2013 for the California Department of Justice had not yet been reported and processed.
4. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 7, 2013

Appendix Table 3.12. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, Maine: CY 2012[1]

Drug	Number	Percentage
Cocaine	264	22.9
Oxycodone	176	15.3
Heroin	103	8.9
Marijuana/Cannabis	80	6.9
Buprenorphine	49	4.2
Caffeine	33	2.9
Phenylimidothiazole Isomer Undetermined	31	2.7
Hydrocodone	27	2.3
Methamphetamine	27	2.3
MDPV (3,4-Methylenedioxy-pyrovalerone)	25	2.2
Other[2]	339	29.4
Total	**1,154**	**100.0**

[1]Data are for January–December 2012, and include primary, secondary, and tertiary reports.
[2]All other analyzed reports.
NOTES:
1. Data are for the State of Maine.
2. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 8, 2013

Appendix Table 3.13. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, Maryland: CY 2012[1]

Drug	Number	Percentage
Marijuana/Cannabis	39,184	51.2
Cocaine	13,336	17.4
Heroin	10,201	13.3
Oxycodone	2,804	3.7
Alprazolam	1,390	1.8
Buprenorphine	1,211	1.6
Clonazepam	473	0.6
AM-2201 (1-(5-Fluoropentyl)-3-(1-Naphthoyl)Indole)	400	0.5
Hydrocodone	379	0.5
PCP (Phencyclidine)	346	0.5
Other[2]	6,759	8.8
Total	**76,483**	**100.0**

[1]Data are for January–December 2012, and include primary, secondary, and tertiary reports.
[2]All other analyzed reports.
NOTES:
1. Data are for the State of Maryland.
2. Included under "Other" rather than in the top 10 list are 1,124 reports for "No Controlled Drug Identified."
3. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 8, 2013

Appendix Table 3.14. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, Miami: CY 2012[1]

Drug	Number	Percentage
Cocaine	11,411	48.2
Marijuana/Cannabis	5,388	22.8
Alprazolam	729	3.1
Heroin	696	2.9
Oxycodone	679	2.9
Hallucinogen	524	2.2
Methylone (N-Methyl-3,4-Methylenedioxy-cathinone)	388	1.6
Phenylimidothiazole Isomer Undetermined	246	1.0
Caffeine	237	1.0
Methamphetamine	170	0.7
Other[2]	3,203	13.5
Total	**23,671**	**100.0**

[1]Data are for January–December 2012, and include primary, secondary, and tertiary reports.
[2]All other analyzed reports.
NOTES:
1. Data are for the Miami/Fort Lauderdale/Pompano Beach MSA and include Miami-Dade, Broward, and Palm Beach Counties.
2. Included under "Other" rather than in the top 10 list are "Controlled Substance" (669 reports), "Negative Results-Tested for Specific Drugs" (343 reports), and "No Controlled Drug Identified" (211 reports).
3. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 7, 2013

Appendix Table 3.15. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, Michigan: CY 2012[1]

Drug	Number	Percentage
Marijuana/Cannabis	16,080	46.1
Cocaine	4,635	13.3
Heroin	3,035	8.7
Hydrocodone	1,406	4.0
Methamphetamine	1,300	3.7
Alprazolam	802	2.3
Morphine	404	1.2
Oxycodone	404	1.2
Amphetamine	349	1.0
Methadone	238	0.7
Other[2]	6,200	17.8
Total	**34,853**	**100.0**

[1]Data are for January–December 2012, and include primary, secondary, and tertiary reports.
[2]All other analyzed reports.
NOTES:
1. Data are for the State of Michigan
2. Included under "Other" rather than in the top 10 list are 4,013 reports for "No Controlled Drug Identified."
3. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 8, 2013

Appendix Table 3.16. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, Minneapolis/St. Paul: CY 2012[1]

Drug	Number	Percentage
Methamphetamine	1,373	22.6
Cocaine	1,087	17.9
Marijuana/Cannabis	1,081	17.8
Heroin	616	10.2
Acetaminophen	156	2.6
Oxycodone	147	2.0
BZP (1-Benzylpiperazine)	97	1.6
Caffeine	84	1.4
Amphetamine	76	1.3
Alprazolam	65	1.3
Other[2]	1,285	21.2
Total	**6,067**	**100.0**

[1]Data are for January–December 2012, and include primary, secondary, and tertiary reports.
[2]All other analyzed reports.
NOTES:
1. Data are for seven counties in Minnesota: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington Counties.
2. The St. Paul Police Department Laboratory did not report data after May 2012.
3. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 7, 2013

Appendix Table 3.17. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, New York City: CY 2012[1]

Drug	Number	Percentage
Marijuana/Cannabis	16,388	33.7
Cocaine	16,161	33.2
Heroin	5,311	10.9
Oxycodone	2,058	4.2
Alprazolam	1,939	4.0
PCP (Phencyclidine)	796	1.6
Buprenorphine	725	1.5
Methadone	615	1.3
Clonazepam	583	1.2
Hydrocodone	361	0.7
Other[2]	3,676	7.6
Total	**48,613**	**100.0**

[1]Data are for January–December 2012, and include primary, secondary, and tertiary reports.
[2]All other analyzed reports.
NOTES:
1. Data are for the New York City Police Department and five New York boroughs: Bronx, Kings, Queens, New York, and Richmond.
2. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 8, 2013

Appendix Table 3.18. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, Philadelphia: CY 2012[1]

Drug	Number	Percentage
Marijuana/Cannabis	8,789	32.9
Cocaine	7,216	27.0
Heroin	3,648	13.6
Oxycodone	1,472	5.5
Alprazolam	1,327	5.0
Acetaminophen	1,027	3.8
PCP (Phencyclidine)	527	2.0
Clonazepam	216	0.8
Codeine	150	0.6
Buprenorphine	149	0.6
Other[2]	2,214	8.3
Total	**26,735**	**100.0**

[1]Data are for January–December 2012, and include primary, secondary, and tertiary reports.
[2]All other analyzed reports.
NOTES:
1. Data are for Philadelphia County.
2. Included under "Other" rather than in the top 10 list are "No Controlled Drug Identified" (454 reports) and Noncontrolled Nonnarcotic Drug" (346 reports).
3. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 7, 2013

Appendix Table 3.19. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, Phoenix: CY 2012[1]

Drug	Number	Percentage
Marijuana/Cannabis	3,399	32.3
Methamphetamine	1,846	17.6
Heroin	1,334	12.7
Cocaine	728	6.9
Oxycodone	455	4.3
Alprazolam	403	3.8
Hydrocodone	193	1.8
Buprenorphine	108	1.0
Clonazepam	105	1.0
Carisoprodol	99	0.9
Other[2]	1,848	17.6
Total	**10,518**	**100.0**

[1]Data are for January–December 2012, and include primary, secondary, and tertiary reports.
[2]All other analyzed reports.
NOTES:
1. Data are for Maricopa County.
2. Included under "Other" rather than in the top 10 list are "Negative Results-Tested for Specific Drugs"(264 reports) and "Unspecified Prescription Drug" (257 reports).
3. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 7, 2013

Appendix Table 3.20. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, St. Louis: CY 2012[1]

Drug	Number	Percentage
Marijuana/Cannabis	5,128	29.7
Heroin	2,425	14.0
Cocaine	1,568	9.1
Methamphetamine	1,506	8.7
Alprazolam	657	3.8
Hydrocodone	509	2.9
Oxycodone	442	2.6
Acetaminophen	360	2.1
Pseudoephedrine	358	2.1
AM-2201 (1-(5-Fluoropentyl)-3-(1-Naphthoyl)Indole)	280	1.6
Other[2]	4,061	23.5
Total	**17,294**	**100.0**

[1]Data are for January–December 2012, and include primary, secondary, and tertiary reports.
[2]All other analyzed reports.
NOTES:
1. Data are for the St. Louis MO/IL MSA, which includes St. Louis City and 16 counties: St. Louis, St. Charles, St. Francis, Jefferson, Franklin, Lincoln, Warren, and Washington Counties in Missouri; and Madison, St. Clair, Macoupin, Clinton, Monroe, Jersey, Bond, and Calhoun Counties in Illinois.
2. Included under "Other" rather than in the top 10 list are 1,489 for "Negative Results-Tested for Specific Drugs."
3. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 7, 2013

Appendix Table 3.21. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, San Diego: CY 2012[1]

Drug	Number	Percentage
Methamphetamine	5,144	38.9
Marijuana/Cannabis	2,355	17.8
Cocaine	1,493	11.3
Heroin	1,251	9.5
Hydrocodone	402	3.0
Oxycodone	285	2.2
Alprazolam	259	2.0
Dimethyl Sulfone	235	1.8
Phenylimidothiazole Isomer Undetermined	211	1.6
MDMA (3,4-Methylenedioxy-methamphetamine)	114	0.9
Other[2]	1,489	11.2
Total	**13,238**	**100.0**

[1]Data are for January–December 2012, and include primary, secondary, and tertiary reports.
[2]All other analyzed reports.
NOTES:
1. Data are for San Diego County.
2. First quarter data for 2013 for the California Department of Justice had not yet been reported and processed.
3. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 7, 2013

Appendix Table 3.22. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, San Francisco: CY 2012[1]

Drug	Number	Percentage
Methamphetamine	4,571	33.5
Marijuana/Cannabis	2,815	20.7
Cocaine	2,271	16.7
Heroin	756	5.5
Oxycodone	511	3.7
Hydrocodone	489	3.6
Methadone	164	1.3
Morphine	156	1.1
MDMA (3,4-Methylenedioxy-methamphetamine)	149	1.1
Alprazolam	121	0.9
Other[2]	1,627	11.9
Total	**13,630**	**100.0**

[1]Data are for January–December 2012, and include primary, secondary, and tertiary reports.
[2]All other analyzed reports.
NOTES:
1. Data are for the five counties in the San Francisco/Oakland/Fremont MSA: Alameda, Contra Costa, Marin, San Francisco, and San Mateo Coun ies.
2. Included under "Other" rather than in the top 10 list are "Unknown" (328 reports) and "No Controlled Drug Identified" (238 reports).
3. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 7, 2013

Appendix Table 3.23. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, Seattle: CY 2012[1]

Drug	Number	Percentage
Heroin	430	19.0
Methamphetamine	422	18.6
Cocaine	421	18.6
Marijuana/Cannabis	192	8.5
Oxycodone	91	4.0
Fentanyl	41	1.8
Phenylimidothiazole Isomer Undetermined	40	1.8
Dimethyl Sulfone	37	1.6
BZP (1-Benzylpiperazine)	26	1.1
PCP (Phencyclidine)	24	1.1
Other[2]	541	23.9
Total	**2,265**	**100.0**

[1]Data are for January–December 2012, and include primary, secondary, and tertiary reports.
[2]All other analyzed reports.
NOTES:
1. Data are for King County.
2. Included under "Other" rather than in the top 10 list are "Unknown" (174 reports) and "Some Other Substance" (53 reports).
3. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 7, 2013

Appendix Table 3.24. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, Texas: CY 2012[1]

Drug	Number	Percentage
Marijuana/Cannabis/ Tetrahydrocannabinols	22,114	28.4
Cocaine	14,616	18.8
Methamphetamine	13,096	16.8
Hydrocodone	3,173	4.1
Alprazolam	3,066	3.9
Heroin	2,858	3.7
AM-2201 (1-(5-Fluoropentyl)-3-(1-Naphthoyl)Indole)	1,294	1.7
Carisoprodol	771	1.0
Phenylimidothiazole Isomer Undetermined	700	0.9
Acetaminophen	671	0.9
Other[2]	15,548	20.0
Total	**77,907**	**100.0**

[1]Data are for January–December 2012, and include primary, secondary, and tertiary reports.
[2]All other analyzed reports.
NOTES:
1. Data are for the State of Texas.
2. Included under "Other" rather than in the top 10 list are 2,845 reports for "No Controlled Drug Identified."
3. The Texas Department of Public Safety migrated to a new Laboratory Information Management System (LIMS) and January and February data may reflect lower than usual counts. Due to LIIMS reporting issues, the Ft. Worth Police Department last reported data for April.
4. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 8, 2013

Appendix Table 3.25. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, Washington, DC: CY 2012[1]

Drug	Number	Percentage
Marijuana/Cannabis	1,197	27.3
Cocaine	705	16.1
Phenylimidothiazole Isomer Undetermined	424	9.7
Caffeine	378	8.6
Heroin	291	6.6
PCP (Phencyclidine)	235	5.4
1-Piperidinocyclohexa-nercarbonitrile	115	2.6
Benzocaine	97	2.2
MDPV (3,4-Methylenedioxy-pyrovalerone)	82	1.9
BZP (1-Benzylpiperazine)	76	1.7
Other[2]	783	17.9
Total	**4,383**	**100.0**

[1]Data are for January–December 2012, and include primary, secondary, and tertiary reports.
[2]All other analyzed reports.
NOTES:
1. Data are for the District of Columbia.
2. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 7, 2013

Appendix Table 3.26. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, United States: CY 2012[1]

Drug	Number	Percentage
Marijuana/Cannabis/ Tetrahydrocannabinols	460,497	32.7
Cocaine	229,595	16.3
Methamphetamine	170,301	12.1
Heroin	120,393	8.5
Oxycodone	50,184	3.6
Hydrocodone	38,240	2.7
Alprazolam	35,355	2.5
Acetaminophen	18,742	1.3
AM-2201 (1-(5-Fluoropentyl)-3-(1-Naphthoyl)Indole)	13,889	1.0
Buprenorphine	10,558	0.7
Other[2]	261,205	18.5
Total	**1,408,959**	**100.0**

[1]Data are for January–December 2012, and include primary, secondary, and tertiary reports.
[2]All other analyzed reports.
NOTES:
1. Data are national totals analyzed by Federal, State, and local laboratories.
2. Included under "Other" rather than in the top 10 list are 34,016 reports for "No Controlled Drug Identified."
3. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 7, 2013

Appendix Table 4.1. Number of Cannabimimetics Drug Reports[1] Identified by Forensic Laboratories, in 25 CEWG Areas and the United States: CY 2012[2]

CEWG Area	JWH-018	JWH-019	JWH-073	JWH-081	JWH-122	JWH-200	JWH-203	JWH-210	JWH-250	AM-2201	UR-144	XLR-11	MAM-2201	AM-694	RCS-4	RCS-8	Total[1]	Total All Reports
Albuquerque	1	—	—	1	1	—	—	—	1	71	1	12	—	6	—	—	94	2,660
Atlanta	9	—	—	19	54	—	—	29	16	306	235	273	17	—	1	—	986[3]	17,387
Baltimore City	—	—	—	—	1	—	—	2	—	6	4	8	—	—	—	—	21	32,444
Boston	1	2	—	8	7	—	—	6	—	54	22	32	1	5	4	—	145[4]	19,310
Chicago	2	3	3	16	24	—	4	9	3	149	47	77	11	1	5	1	361[5]	68,776
Cincinnati	—	—	—	1	1	—	—	—	1	8	—	—	—	—	—	—	11	10,420
Colorado	11	5	1	110	58	—	—	3	15	142	31	28	1	—	—	1	426[6]	13,150
Denver	11	3	—	53	56	—	—	1	9	137	26	27	1	—	—	1	343[7]	8,576
Detroit	—	—	—	3	—	—	—	—	3	9	—	—	1	—	—	—	16	7,787
Honolulu	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	2	2,946
Los Angeles	1	—	—	—	1	—	1	—	—	11	8	3	—	1	1	—	46[8]	39,455
Maine	—	—	—	—	9	—	6	—	7	20	—	—	—	—	—	—	43[9]	1,154
Maryland	4	—	—	5	98	4	7	112	6	400	68	179	9	—	3	—	897[10]	76,483
Miami	6	—	2	27	4	—	1	—	4	114	5	25	—	—	—	2	190	23,671
Michigan	—	—	1	10	6	—	1	5	17	82	—	—	10	1	—	—	135[11]	38,453
Minneapolis/ St. Paul	—	—	—	5	6	—	3	1	2	27	5	2	—	—	—	—	51	6,067
New York City	—	—	—	2	—	—	—	—	2	11	—	—	—	—	—	—	15	48,613
Philadelphia	5	—	—	—	26	—	1	12	10	145	—	42	—	—	—	2	266[12]	26,735
Phoenix	1	1	3	10	3	—	2	—	1	26	—	—	—	—	—	—	48[13]	10,518
St. Louis	5	2	1	5	31	1	1	5	16	280	46	89	66	—	—	2	592[14]	17,294
San Diego	—	—	1	4	4	—	1	—	—	5	—	—	3	—	2	—	21[15]	13,238
San Francisco	—	—	—	—	—	—	—	—	—	6	2	—	—	—	—	—	8	13,630
Seattle	—	—	—	1	1	—	—	—	—	10	—	—	7	—	—	—	20[16]	2,265
Texas	16	7	9	64	211	—	7	99	53	1,294	508	527	223	—	—	6	3,102[17]	77,907
Washington, DC	—	—	—	—	4	—	2	—	—	27	—	—	—	—	—	—	33	4,383
United States	410	81	120	1,039	2,299	9	260	1,660	721	13,889	5,332	7,417	1,351	46	208	77	38,809[18]	1,408,959

Appendix Table 4.1 (continued). Number of Cannabimimetics Drug Reports[1] Identified by Forensic Laboratories, in 25 CEWG Areas and the United States: CY 2012[2]

[1]NFLIS methodology allows for the accounting of up to three drug reports per item submitted for analysis. The data presented are a combined count including primary, secondary, and tertiary reports for each drug item seized and analyzed.
[2]Data are for January–December 2012. Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.
[3]This total includes 17 reports for STS-135; 7 reports for AKB48; 2 reports for JWH-018 adamantyl carboxamide; and 1 report for A-796,260.
[4]This total includes one report for AKB48; one report for AM-2233; and one report for URB597.
[5]This total includes two reports for HU-210; one report for AKB48; one report for HU-308; one report for JWH-018 adamantyl carboxamide; and one report for URB754.
[6]This total includes six reports for CB-13; six reports for "synthetic cannabinoid;" three reports for AKB48; two reports for AM-1220; and two reports for URB-602; and one report for URB754.
[7]This total includes six reports for CB-13; six reports for "synthetic cannabinoid;" three reports for AKB48; and two reports for AM-1220; and one report for URB754.
[8]This total includes 16 reports for "synthetic cannabinoid" and 3 reports for "synthetic tetrahydrocannabinol."
[9]This total includes one report for "synthetic cannabinoid."
[10]This total includes one report for AM-1220 and one report for AM-694.
[11]This total includes two reports for AM-2233.
[12]This total includes 10 reports for AB-001; 4 reports for JWH-022; 4 reports for URB754; 3 reports for AM-1220; 1 report for AM-2233; and 1 report for WIN 48,098.
[13]This total includes one report for WIN 48,098.
[14]This total includes 21 reports for URB-754; 11 reports for AKB48; 7 reports for AM-1220; 2 reports for URB-597; and 1 report for URB-602.
[15]This total includes one report for JWH-302.
[16]This total includes one report for AM-1220.
[17]This total includes 33 reports for AKB48; 15 reports for CB-13; 11 reports for "synthetic cannabinoid;" 4 reports for AM-2233; 4 reports for URB597; 3 reports for AM-1248; 3 reports for JWH-302; 3 reports for STS-135; 1 report for "synthetic tetrahydrocannabinol;" and 1 report for AB-001.
[18]This total includes 1,529 reports for "synthetic cannabinoid;" 469 reports for AKB48; 463 reports for "synthetic cannabinoid" naphthoylindoles; 394 reports for URB754; 157 reports for URB-602; 147 reports for AM-2233; 87 reports for A-796,260; 75 reports for AKB48 N; 74 reports for STS-135; 66 reports for "synthetic cannabinoid" phenylacetylindoles; 55 reports for JWH-022; 53 reports for AM-1248; 51 reports for CB-13; 49 reports for JWH-018 adamantyl carboxamide; 47 reports for URB597; 29 reports for AB-001; 26 reports for WIN 48,098; 25 reports for AM-1220; 25 reports for JWH-122 N analog; 12 reports for AM-679; 11 reports for "synthetic tetrahydrocannabinol;" 7 reports for JWH-302; 7 reports for UR-144 N (5-chloropentyl) analog; 6 reports for EAM-2201; 4 reports for AM-1241; 4 reports for HU-308; 3 reports for JWH-201; 3 reports for HU-210; 2 reports for CP47,497; 2 reports for "synthetic cannabinoid" benzoylindoles; 1 report for AM-2201 N-(4-fluoropentyl); 1 report for AM-356; 1 report for CP 47,497-C8-homolog; 1 report for HU-211; 1 report for JWH-251; 1 report for JWH-267; 1 report for JWH-267; and 1 report for RCS-4,C4 homolog.
SOURCE: NFLIS, DEA, data for all areas and the United States were retrieved on May 7–9, 2013

Appendix Table 4.2. Number of Substituted Cathinone Drug Reports[1] Identified by Forensic Laboratories, in 25 CEWG Areas and the United States: CY 2012[2]

CEWG Area	Mephedrone[3]	Methylone[4]	MDPV[5]	Alpha-PVP[6]	4-MEC[7]	Pentedrone[8]	Methcathinone	Pentylone[9]	Fluoromethcathinone	Butylone[10]	4-MEPPP[11]	Total	Total for All Reports
Albuquerque	—	—	2	—	2	—	—	—	—	—	1	5	2,660
Atlanta	—	300	118	43	6	8	—	1	—	1	—	479[12]	17,387
Baltimore City	—	26	71	—	—	—	—	—	—	—	—	97	32,444
Boston	1	66	8	55	10	5	—	22	—	1	8	180[13]	19,310
Chicago	1	90	343	27	34	4	—	—	8	15	—	525[14]	68,776
Cincinnati	—	—	16	—	—	—	—	—	—	—	—	16	10,420
Colorado	1	12	11	12	39	7	28	1	2	14	1	131[15]	13,150
Denver	—	12	7	2	38	7	3	—	2	12	1	85[16]	8,576
Detroit	1	9	10	—	3	—	—	—	—	—	—	23	7,787
Honolulu	—	—	15	—	—	—	—	—	—	—	—	15	2,946
Los Angeles	3	23	4	2	1	9	—	—	—	2	1	46[17]	39,455
Maine	—	12	25	15	—	2	—	—	—	—	1	57[18]	1,154
Maryland	2	170	215	51	5	—	—	—	—	—	1	444	76,483
Miami	2	388	58	2	36	—	—	—	2	6	—	496[19]	23,671
Michigan	2	47	53	29	15	1	—	—	—	—	—	149[20]	38,453
Minneapolis/ St. Paul	1	13	39	11	4	1	—	2	2	—	—	76[21]	6,067
New York City	5	6	10	19	15	—	—	—	—	—	12	67	48,613
Philadelphia	—	—	28	—	—	—	—	—	—	—	—	28	26,735
Phoenix	—	29	11	41	6	—	—	—	1	3	11	102	10,518
St. Louis	—	5	55	52	12	72	—	1	—	4	2	213[22]	17,294
San Diego	—	31	1	6	—	2	—	1	—	—	—	48[23]	13,238
San Francisco	—	17	1	3	—	—	—	—	—	—	—	21	13,630
Seattle	—	5	3	—	—	—	—	—	—	—	—	8	2,265
Texas	6	307	122	152	136	155	—	11	5	44	15	996[24]	77,907
Washington, DC	—	20	82	7	5	—	—	—	—	—	—	114	4,383
United States	73	3,819	3,440	2,932	1,115	882	31	140	96	235	245	13,378[25]	1,408,959

Appendix Table 4.2 (continued). Number of Substituted Cathinone Drug Reports[1] Identified by Forensic Laboratories, in 25 CEWG Areas and the United States: CY 2012[2]

[1]NFLIS methodology allows for the accounting of up to three drug reports per item submitted for analysis. The data presented are a combined count including primary, secondary, and tertiary reports for each drug item seized and analyzed.
[2]Data are for January–December 2012. Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.
[3]4-methylmethcathinone or 4-MMC; also includes methedrone (4-methoxymethcathinone).
[4]3,4-methylenedioxymethcathinone or bk-MDMA.
[5]3,4-methylenedioxypyrovalerone.
[6]Alpha-pyrrolidinophentiophenone.
[7]4-methyl-N-ethylcathinone.
[8]2-(methylamino)-1-phenylpentan-1-one.
[9](ß-keto-methylbenzodioxolylpentanamine).
[10]ß-keto-N-methylbenzo-dioxylpropylamine.
[11]4'-methyl-alpha-pyrrolindinopropiophenone.
[12]This total includes one report for dimethylone (3,4-methylenedioxdimethylcathinone; bk-MDDMA) and one report for MDPPP (3,4-methylenedioxy-A-pyrrodlidinopropiophenone).
[13]This total includes four reports for dimethylone.
[14]This total includes one report for 3,4-DMMC (3,4-dimethylmethcathinone) and one report for isopentedrone (1-methylamino-1phenylpentan-2-one).
[15]This total includes two reports for 4-methylbuphedrone and one report for MDPPP.
[16]This total includes one report for MDPPP.
[17]This total includes one report for dimethylone.
[18]This total includes one report for 3-MEC (3-metylethcathinone) and one report for MDPBP (3',4'-methylenedioxy-alpha-pyrrolidinobutiophenone).
[19]This total includes two reports for dimethylone.
[20]This total includes two reports for naphyrone (naphthylpyrovalerone).
[21]This total includes one report for ethylone (3,4-methylenedioxyethylcathinone); one report for MPHP (4'-methyl-alpha-pyrrolidinohexiophenone); and one report for ethylcathinone.
[22]This total includes 10 reports for buphedrone (alpha-methylamino-butyophenone(MABP)).
[23]This total includes four reports for dimethylone; two reports for alpha-PBP (alpha-pyrrolidinobutiophenone); and one report for MDPPP.
[24]This total includes 26 reports for ethylone; 8 reports for 3,4-DMMC; 4 reports for buphedrone; 3 reports for MDPPP; 1 report for MDPBP; and 1 report for alpha-PBP.
[25]This total includes 54 reports for alpha-PBP; 49 reports for ethylone; 46 reports for "substituted cathinone;" 33 reports for ethylcathinone; 31 reports for methcathinone; 30 reports for buphedrone; 26 reports for dimethylone; 19 reports for 3,4-DMMC; 18 reports for 4-methylbuphedrone; 16 reports for naphyrone; 12 reports for MDPBP; 11 reports for MDPPP; 10 reports for MPHP; 3 reports for 3-MEC; 3 reports for 4-fluoroisocathinone; 3 reports for isopentedrone; 3 reports for N-ethylbuphedrone; 1 report for dibutylone; 1 report for N,N-dimethylcathinone; and 1 report for MOPPP (4'-methoxy-alpha-pyrrolidinopropiophenone).
SOURCE: NFLIS, DEA, data for all areas and the United States were retrieved on May 7–9, 2013

Appendix Table 4.3. Number of Phenethylamine Drug Reports[1] Identified by Forensic Laboratories, in 25 CEWG Areas and the United States: CY 2012[2]

CEWG Area	2C-E	2C-I	2C-B	2C-C	2C-P	2C-T-2	2C-D	2C-H	2C-T-7	Totals
Albuquerque	—	—	—	—	—	—	—	—	—	0
Atlanta	—	15	—	2	—	—	—	—	—	17[3, 4]
Baltimore City	—	—	—	—	—	—	—	—	—	0
Boston	—	1	1	—	—	—	—	—	—	2
Chicago	2	2	9	—	—	—	—	1	—	14[3]
Cincinnati	—	—	—	—	—	—	—	—	—	0
Colorado	—	1	3	—	—	—	—	—	—	4[3]
Denver	—	1	3	—	—	—	—	—	—	4[3]
Detroit	—	—	—	—	—	—	—	—	—	0
Honolulu	—	—	—	—	—	—	—	—	—	0
Los Angeles	—	—	—	—	—	—	—	—	—	0
Maine	—	2	—	—	—	—	—	—	—	2[3]
Maryland	4	7	1	—	—	—	—	—	—	12[3]
Miami	—	—	2	—	—	—	—	—	—	2
Michigan	—	—	3	—	—	—	—	—	—	3
Minneapolis/ St. Paul	—	3	6	—	—	—	—	1	—	10[3]
New York City	—	—	—	—	—	—	—	—	—	0
Philadelphia	—	—	—	—	—	—	—	—	—	0
Phoenix	—	—	—	—	—	—	—	—	—	0
St. Louis	3	6	—	—	—	—	—	—	—	9[3]
San Diego	5	10	1	—	1	—	2	—	—	17
San Francisco	—	—	—	—	—	—	—	—	—	0
Seattle	—	—	3	—	—	—	—	—	—	3
Texas	8	46	3	1	4	1	—	—	—	63[3, 4]
Washington, DC	—	—	—	—	—	—	—	—	—	0
United States	132	417	75	36	42	6	3	5	1	734[3, 4, 5]

[1]NFLIS methodology allows for the accounting of up to three drug reports per item submitted for analysis. The data presented are a combined count including primary, secondary, and tertiary reports for each drug item seized and analyzed.
[2]Data are for January–December 2012. Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.
[3]These totals include reports for 2C-I-NBOMe.
[4]These totals include reports for 2C-C-NBOMe.
[5]This total includes 17 reports for "Phenethylamines."
SOURCE: NFLIS, DEA, data for all areas and the United States were retrieved on May 7–9, 2013

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